

Florida Department of Health in Hernando County

2013-2015 Strategic Plan



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Section 1: Hernando County Health Department Strategic Plan Overview

Introduction

As with the Florida Department of Health (FDOH) Agency Strategic Plan and like all strategic plans, the Hernando County Health Department (HCHD) 2013-2015 Strategic Plan represents a unified vision and framework for action. However, the focus of this vision and framework, while aligned in some key areas with the state plan, is the local area of Hernando County. In addition, the HCHD is uniquely situated as one of the few local health departments in the state to be co-located with a federally qualified health center (FQHC). As such, this plan represents an integrated strategic plan for both the HCHD and the Nature Coast Community Health Center (NCCHC), Hernando County's FQHC. In addition to the influence of the FDOH Agency Strategic Plan, the HCHD Strategic Plan is informed by the recently completed Hernando County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The HCHD Strategic Plan establishes priority goals based on HCHD, NCCHC and community goals and issues and formulates strategies to address these issues and objectives to measure progress towards achievement of these goals.

Who We Are

The Hernando County Health Department (now known as the Florida Department of Health in Hernando County) is, our name implies, and the local Hernando County arm of the FDOH. As such, the description of who we (HCHD) are is best excerpted from the description of the FDOH from the Agency Strategic Plan:

The Florida Department of Health is Florida's state agency dedicated to protecting, promoting and improving the health of all people in Florida through integrated state, county and community efforts. Established by the Florida Legislature in 1996, the department traces its roots to the creation of the Florida State Board of Health in 1889. The department is an executive branch agency, established in section 20.43, F.S. We are led by a State Surgeon General, who serves as the State Health Officer and is directly appointed by Florida's Governor and confirmed by Florida's Senate. Three deputy secretaries oversee all of our business and programmatic operations.

DOH is an integrated agency composed of a state health office (central office) in Tallahassee; Florida's 67 county health departments (CHDs); 22 Children's Medical Services (CMS) area offices; 12 Medical Quality Assurance regional offices; nine Disability Determinations regional offices; and four public health laboratories. Partnerships with local county governments provide facilities for the 67 CHDs. These 67 CHDs have a total of 255 sites throughout the state, providing a variety of services, and ranging from small to large in location size. Unlike many other states where each local health department is

a separate entity, Florida's integrated centralized system allows for standardized care and services across the state. Both statewide and local public health functions are addressed through this organizational structure.

We are accountable to the state legislature, the Executive Office of the Governor, all residents and visitors in the state, and the federal government. The Governor and the legislature determine departmental services, associated funding, and delivery mechanisms. Annually, the state legislature passes a budget, approved by the Governor, and creates or amends laws that direct the department's actions. The department's total budget for fiscal year (FY) 2011–2012 is \$2,857,264,986.

Most of the department's employees are full-time state employees or employees working on an hourly basis. We also use a variety of contract employees, some of whom are funded through grants or other external sources. In 2011, the department employed 16,985 full time state employees. Of this number, about 10% are central office staff who work in Tallahassee and the remaining 90% work in CHDs throughout the state.

Mission, Vision and Values

As the HCHD is the local arm of the FDOH, we share the same mission, vision and values.

Mission

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Vision

To be the healthiest state in the nation.

Values

I CARE (Innovation, Collaboration, Accountability, Responsiveness, Excellence)

If the HCHD were to “localize” the Agency Mission, Vision and Values our mission would be “to protect, promote and improve the health of all people in Hernando County through integrated county and community efforts.” Accordingly, our vision would be “to be the healthiest county in Florida” while preserving the same values proposition.

What We Do

Once again, the description of “what we do” is central to the fact that the HCHD is the *Florida Department of Health in Hernando County*. As such, what the HCHD does is rooted in the description of what the FDOH does as articulated in the Agency Strategic Plan:

CHDs provide communicable disease control, personal and environmental health services. In communicable disease, services include HIV/AIDS testing, treatment and

prevention; childhood immunizations; sexually transmitted diseases testing and treatment; epidemiology; tuberculosis testing and treatment; chronic disease prevention and treatment; and health promotion counseling and education. In personal health, services include basic medical care services and treatments; Healthy Start; child health services; family planning; Women, Infants and Children (WIC); and dental health. Our environmental health programs regulate onsite sewage systems, monitor drinking water and group bathing facilities and investigate sanitary hazards.

And...effective public health requires organized community efforts. We collaborate in health improvement planning, share information, and mobilize for emergency health response with a robust network of partnerships. We also work in partnership with our local health planning agency to collect and analyze local health data, identify resources, and collaborate with other community partners to improve access, affordability and quality of care, and create strategic approaches to address local health priorities.

Strategic Planning Process

The strategic planning process at the HCHD was initiated by the Administrator and executive leadership of the HCHD. While this process was convened by the executive leadership, the HCHD strategic plan was created by a team of key leaders at the HCHD made up of key management and frontline personnel (see Table 1-1). WellFlorida Council, the region's local health council (Florida Statute 408.033), was engaged to facilitate the strategic planning process and to produce the draft strategic plan.

Table 1-1. HCHD Strategic Planning Team participants.

Name	Position/Title	Department
BAITA, KATHIE L	HEALTH SERVICES MANAGER	NURSING/FRONT DESK
BASS, JESSIE A	DATA PROCESSING CONSULTANT	ADMINISTRATIVE SERVICES/IT
CRANDALL, VIRGINIA J	SENIOR COMMUNITY HEALTH NURSING DIRECTOR	NURSING
DIXON, SANDRA	NUTRITION PROGRAM DIRECTOR	NUTRITION
ELLIS, ANN-GAYL	HEALTH EDUCATION PROGRAM CONSULTANT	ADMINISTRATION
GIFFORD, GRACE A	SENIOR COMMUNITY HEALTH NURSE	NURSING

Table 1-1. HCHD Strategic Planning Team participants.

Name	Position/Title	Department
GRAY, ALBERT C	ENVIRONMENTAL HEALTH MANAGER	ENVIRONMENTAL HEALTH
HARTLEY-CHAFIN, ROCHELLE M	FINANCE & ACCOUNTING DIRECTOR	ADMINISTRATIVE SERVICES/FISCAL
KEENAN, TERESA A	DENTAL PROGRAM MANAGER	DENTAL
LEGUEN, FERMIN C	MEDICAL EXECUTIVE DIRECTOR	MEDICAL
LOPEZ, LUIS A	SENIOR COMMUNITY HEALTH NURSING SUPERVISOR	NURSING
MATTEI, NINA L	PUBLIC HEALTH PREPAREDNESS PLANNER	ADMINISTRATION
SANCHEZ, ANITA E	ADMINISTRATIVE ASSISTANT/HUMAN RESOURCE LIAISON	ADMINISTRATIVE SERVICES/HR
SAUSKOJUS, KATHLEEN G	ADMINISTRATIVE SERVICES DIRECTOR	ADMINISTRATION
WRIGHT, ROBIN	ADMINISTRATOR	ADMINISTRATION

The strategic planning process consisted of a series of teleconferences, in-person meetings and online activities that resulted in the finished product as presented in this document. Table 1-2 summarizes the key meeting dates and activity periods and the strategic planning topic covered during that meeting or activity period.

Table 1-2. HCHD strategic planning meeting schedule and topics.

Meeting Date or Activity Period	Topic
June 28, 2013	Initial organizational conference call with executive leadership
July 15, 2013	Final organizational conference call with executive leadership

Table 1-2. HCHD strategic planning meeting schedule and topics.

Meeting Date or Activity Period	Topic
July 17, 2013	<p>Half-day in-person strategic planning workshop with Strategic Planning Team addressing the following:</p> <ul style="list-style-type: none"> • Review of key insights from the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) • Strengths, weaknesses, opportunities and threats (SWOT) analysis • Environmental scan • Discussion on HCHD in relation to 12 domains of PHAB accreditation standards and measures • Issues brainstorming • Preliminary prioritization of issues • Preliminary categorization of issue areas
August 16-20, 2013	Online survey process with Strategic Planning Team utilizing SurveyMonkey in order to prioritize issues brainstormed at July 17 meeting
August 21, 2013	<p>Afternoon in-person meeting to address the following:</p> <ul style="list-style-type: none"> • Final prioritization of key issues • Final categorization and consolidation of key issues • Discussion of potential strategies • Discussion of potential objective areas
August 29 – September 3, 2013	Online survey process utilizing SurveyMonkey in order to prioritize objective areas identified at August 21 meeting and to identify additional priority strategies
September 9, 2013	Conference call with executive leadership and WellFlorida Council to finalize goals, strategies and objectives and to review draft materials

The strategic planning process launched with two organizational conference calls between executive leadership of the HCHD and WellFlorida Council in order to outline the process and to formulate the Strategic Planning Team (see Table 1-1). WellFlorida Council suggested 2-3 in-person meetings with various on-line activities to occur between the in-person meetings.

As seen in Table 1-2, on July 17, 2013 a half-day strategic planning workshop was held at the HCHD with the full Strategic Planning Team. WellFlorida and the executive leadership designed this workshop to start with uniformly informing the Strategic Plan Team on the key issues facing the community by presenting an overview of the CHA and CHIP for Hernando County (see Appendix A for CHA and CHIP Executive Summary). Next the Team participated in a SWOT analysis and environmental scan facilitated by WellFlorida Council (see Appendix B for notes on SWOT analysis and Appendix C for notes on the environmental scan). The CHA, CHIP, SWOT analysis and environmental scan were then utilized to inform the brainstorming session on key issues and preliminary prioritization of these key issues.

Approximately 2-3 weeks following the initial workshop (see Table 1-2), WellFlorida launched a survey process designed to assist the team in finalizing the priority issues (see Appendix D for Priority Issues Survey and survey results). This survey asked Team members to reflect on how important each issue was to the HCHD and the community and how likely it was that the HCHD could make a substantive difference on the issue or some component of the issue.

During the second in-person meeting on August 21, 2013, WellFlorida Council presented the survey results including a composite score for each issue that integrated both the importance to HCHD/community and likelihood of successful intervention ratings. This presentation stimulated discussion and led to a priority set of issues and a consolidation of these issues into priority issue/goal areas (see Section 2). Once the priority issues and goals were established, discussion ensued regarding potential strategies and objectives in these issue/goal areas. Once again, after the second in-person meeting, WellFlorida launched a survey in SurveyMonkey to help prioritize issues discussed during the August 21 meeting and to identify key strategies. The Priority Objectives Survey and survey results can be seen in Appendix D.

WellFlorida utilized the results of this Priority Objectives Survey as well as notes, discussions and survey results from previous meetings to formulate a draft Strategic Plan to present to executive leadership. This plan was presented on September 9, 2013 and the executive leadership worked on refining the plan prior to creating the final draft.

Section 2 details the Strategic Plan goals, strategies and objectives formulated as part of this process for the HCHD.

Section 2: Hernando County Health Department Strategic Plan Goals, Strategies and Objectives

Goals, Strategies and Objectives

Issue Area: Increase Access to Healthcare	
Goal	Promote an integrated public health system
Strategy	Implement and link health improvement planning at state and local levels.
Objectives	By October 1, 2013, fully implement the HRSA-supported outreach and enrollment coordinator services.
	By June 30, 2014, assist at least 2,500 clients with health coverage information and enrollment issues.
	By June 30, 2014, enroll at least 500 clients in health insurance through state or federal programs or portals to private coverage.
Strategy	Support local efforts to revitalize communities.
Objectives	By December 31, 2015, provide updates to the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) to the Hernando County Community Health Improvement Partnership (HCHIP).
Goal	Optimize communications.
Strategy	Develop, implement and improve internal and external communication strategies and plans.
Objectives	By December 31, 2014, create a comprehensive marketing, communications and outreach plan for clinical and other core services.
	By March 31, 2015, launch a community-wide marketing and outreach campaign.

Issue Area: Improve Organizational Performance	
Goal	Promote a Culture of Organizational Excellence
Strategy	Collect track and use performance data to inform business decisions and continuously improve.
Objectives	By March 31, 2014, HealthMetrics will conduct a complete process and flow evaluation of key clinical and non-clinical services.
	By December 31, 2015, increase the throughput rate to 25 clients per day/provider for primary care services.
	By December 31, 2015, increase the throughput rate to 20 clients per day/per provider for dental services.
Strategy	Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.
Objectives	By February 28, 2014, submit documentation into Public Health Accreditation Board's (PHAB) electronic database.
	By October 1, 2013, create an internal accreditation team that will be responsible for facilitating the PHAB accreditation application and ongoing performance monitoring and measuring of the accreditation guidelines and the strategic plan.
	By December 31, 2013 develop a Quality Improvement Plan.
	By December 31, 2013 develop an Employee Satisfaction Improvement Plan.
Goal	Attract, recruit, and retain a competent and credentialed workforce.
Strategy	Provide trainings and resources that support and develop current public health employees.
Objectives	By December 31, 2015, employees will have the opportunity to participate in career development trainings (i.e. leadership, etc) offered at CHD at least quarterly.
Goal	Ensure partnerships, systems and processes to support the future workforce.
Strategy	Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce.
Objectives	By January 1, 2014, establish and implement a set of value-based, SMART behavioral and technical competencies performance standards for all CHD employees.
	By December 31, 2013 create a Workforce Development Plan.
Goal	Maximize funding to accomplish the public health mission.
Strategy	Review and update fee policies and fee schedules.
Objectives	By October 1 each year, seek Hernando County Board of County Commissioners approval for updated fee schedule for all programs.

Issue Area: Improve Community Health	
Goal	Protect the Population from health threats
Strategy	Prevent and control infectious disease.
Objectives	By December 31, 2015, 95 of active TB patients will complete therapy within 12 months of initiation of treatment.
Strategy	Prevent and reduce illness, injury and death related to environmental factors.
Objectives	By December 31, 2013, the Epidemiology Department will interview/counsel at least 90% of enteric infection cases within 48 hours of case report.
Strategy	Minimize loss of life, illness, and injury from natural or man-made disasters.
Objectives	By December 31, 2015, reduce the days required for the HCHD to establish after action reports and improvement plans following responses to public health emergencies to 41 days.
Strategy	Prevent and reduce intentional and unintentional injuries.
Objectives	By December 31, 2015, participate in a minimum of two annual events that promote injury prevention.
Goal	Reduce chronic disease morbidity and mortality
Strategy	Increase the proportion of adults and children who are at a healthy weight.
Objectives	By December 31, 2015, develop an action plan to address community obesity and attaining a healthy weight.
Strategy	Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.
Objectives	By December 31, 2015, participate in one community event annually addressing the risk of smoking for adults and children.
Goal	Improve efficiency and effectiveness
Strategy	Use information technology and systems to efficiently support disease prevention, intervention and epidemiological activities.
Objectives	By December 31, 2015, begin utilizing paperless pen tablets for all environmental health programs.
Strategy	Connect agency providers and electronic health record systems in a network that consists of a state-level Health Information Exchange, Direct Secured Messaging and local health information exchanges and gateways.
Objectives	By February 2014, implement EBT in WIC.

Table 1-1. Alignment of strategic issues areas, strategies and key activities.

Strategic Issue Areas	Strategies	Key Activities
INCREASE ACCESS TO HEALTHCARE <ul style="list-style-type: none"> Promote an integrated public health system Optimize communications 	<ul style="list-style-type: none"> Implement and link health improvement planning at state and local levels. Support local efforts to revitalize communities. Develop, implement and improve internal and external communication strategies and plans. 	<ul style="list-style-type: none"> Fully implement HRSA-supported outreach and enrollment coordinator services. Assist clients with health coverage information and enrollment issues. Enroll clients in health insurance through state or federal programs or portals to private coverage. Provide updates to the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) to the Hernando County Community Health Improvement Partnership (HCHIP). Create and launch a comprehensive marketing, communications and outreach plan for clinical and other core services.
IMPROVE ORGANIZATIONAL PERFORMANCE <ul style="list-style-type: none"> Promote a culture of organizational excellence. Attract, recruit, and retain a competent and credentialed workforce. Ensure partnerships, systems and processes to support the future workforce. Maximize funding to accomplish the public health mission. 	<ul style="list-style-type: none"> Collect track and use performance data to inform business decisions and continuously improve. Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions. Provide trainings and resources that support and develop current public health employees. Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce. 	<ul style="list-style-type: none"> Complete process and flow evaluation of key clinical and non-clinical services. Increase the throughput rate for primary care services. Increase the throughput rate for dental services. Submit documentation into Public Health Accreditation Board's (PHAB) electronic database. Create an internal accreditation team. Develop a Quality Improvement Plan. Develop an Employee Satisfaction Improvement Plan. Boost staff participation in career development trainings. Create a Workforce Development Plan. Establish and implement a set of value-based, SMART behavioral and technical competencies performance standards for all CHD employees. Seek Hernando County Board of County Commissioners approval for updated fee schedule for all programs annually.
IMPROVE COMMUNITY HEALTH <ul style="list-style-type: none"> Protect the Population from 	<ul style="list-style-type: none"> Prevent and control infectious disease Prevent and reduce illness, injury and death related to environmental factors Minimize loss of life, illness, and injury from natural or man-made disasters Prevent and reduce intentional and unintentional 	<ul style="list-style-type: none"> Increase the number of active TB patients that complete therapy within 12 months of initiation of treatment. Interview/counsel enteric infection cases within 48 hours of case report. Reduce the days required for the HCHD

Table 1-1. Alignment of strategic issues areas, strategies and key activities.

Strategic Issue Areas	Strategies	Key Activities
<p>health threats</p> <ul style="list-style-type: none"> • Reduce chronic disease morbidity and mortality • Improve efficiency and effectiveness 	<p>injuries.</p> <ul style="list-style-type: none"> • Increase the proportion of adults and children who are at a healthy weight • Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure. • Use information technology and systems to efficiently support disease prevention, intervention and epidemiological activities. • Connect agency providers and electronic health record systems in a network that consists of a state-level Health Information Exchange, Direct Secured Messaging and local health information exchanges and gateways 	<p>to establish after action reports and improvement plans following responses to public health emergencies.</p> <ul style="list-style-type: none"> • Participate in annual events that promote injury prevention. • Develop an action plan to address community obesity and attaining a healthy weight. • Participate in community events addressing the risk of smoking for adults and children. • Utilizing paperless pen tablets for all environmental health programs. • Implement EBT in WIC.

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Section 3: Hernando County Health Department Strategic Plan Alignment with Agency Strategic Plan

Alignment of HCHD Strategic Plan with Agency Strategic Plan

Table X. Alignment of HCHD Strategic Plan with Florida Agency Strategic Plan.

Agency Strategic Plan Goal	Agency Strategic Plan Strategy Number	Agency Strategic Plan Strategy	Hernando CHD Objective, aligned to State Strategy
Protect the Population from health threats	1.1.1	Prevent and control infectious disease	By December 31, 2015, 95 of active TB patients will complete therapy within 12 months of initiation of treatment.
Protect the Population from health threats	1.1.2	Prevent and reduce illness, injury and death related to environmental factors	By December 31, 2013, the Epidemiology Department will interview/counsel at least 90% of enteric infection cases within 48 hours of case report.
Protect the Population from health threats	1.1.3	Minimize loss of life, illness, and injury from natural or man-made disasters	By December 31, 2015, reduce the days required for the HCHD to establish after action reports and improvement plans following responses to public health emergencies to 41 days.
Protect the Population from health threats	1.1.4	Prevent and reduce intentional and unintentional injuries.	By December 31, 2015, participate in a minimum of two annual events that promote injury prevention.
Reduce chronic disease morbidity and mortality	1.2.1	Increase the proportion of adults and children who are at a healthy weight.	By December 31, 2015, develop an action plan to address community obesity and attaining a healthy weight.
Reduce chronic disease morbidity and mortality	1.2.2	Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	By December 31, 2015, participate in one community event annually addressing the risk of smoking for adults and children.
Improve efficiency and effectiveness	2.1.1	Use information technology and systems to efficiently support disease prevention, intervention and epidemiological activities.	By December 31, 2015, begin utilizing paperless pen tablets for all environmental health programs.

Improve efficiency and effectiveness	2.1.4	Connect agency providers and electronic health record systems in a network that consists of a state-level Health Information Exchange, Direct Secured Messaging and local health information exchanges and gateways	By February 2014, implement EBT in WIC.
Maximize funding to accomplish the public health mission	2.2.2	Review and update fee policies and fee schedules.	By October 1 each year, seek Hernando County Board of County Commissioners approval for updated fee schedule for all programs.
Promote a culture of organizational excellence.	2.3.1	Collect, track and use performance data to inform business decisions and continuously improve.	By March 31, 2014, HealthMetrics will conduct a complete process and flow evaluation of key clinical and non-clinical services.
Promote a culture of organizational excellence.	2.3.1	Collect, track and use performance data to inform business decisions and continuously improve.	By December 31, 2015, increase the throughput rate to 25 clients per day/provider for primary care services.
Promote a culture of organizational excellence.	2.3.1	Collect, track and use performance data to inform business decisions and continuously improve.	By December 31, 2015, increase the throughput rate to 20 clients per day/per provider for dental services.
Promote a culture of organizational excellence.	2.3.3	Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	By February 28, 2014, submit documentation into Public Health Accreditation Board's (PHAB) electronic database.
Promote a culture of organizational excellence.	2.3.3	Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	By October 1, 2013, create an internal accreditation team that will be responsible for facilitating the PHAB accreditation application and ongoing performance monitoring and measuring of the accreditation guidelines and the strategic plan.
Promote a culture of organizational excellence.	2.3.3	Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	By December 31, 2013 develop a Quality Improvement Plan.

Promote a culture of organizational excellence.	2.3.3	Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	By December 31, 2013 develop an Employee Satisfaction Improvement Plan.
Optimize communications.	2.4.1	Develop, implement and improve internal and external communication strategies and plans.	By December 31, 2014 create a comprehensive marketing, communications and outreach plan for clinical and other core services.
Optimize communications.	2.4.1	Develop, implement and improve internal and external communication strategies and plans.	By March 31, 2015, launch a community-wide marketing and outreach campaign.
Promote an integrated public health system.	3.1.1	Implement and link health improvement planning at state and local levels.	By October 1, 2013, fully implement the HRSA-supported outreach and enrollment coordinator services.
Promote an integrated public health system.	3.1.1	Implement and link health improvement planning at state and local levels.	By June 30, 2014, assist at least 2,500 clients with health coverage information and enrollment issues.
Promote an integrated public health system.	3.1.1	Implement and link health improvement planning at state and local levels.	By June 30, 2014, enroll at least 500 clients in health insurance through state or federal programs or portals to private coverage.
Promote an integrated public health system.	3.1.3	Support local efforts to revitalize communities.	By December 31, 2015, provide updates to the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) to the Hernando County Community Health Improvement Partnership (HCHIP).
Attract, recruit, and retain a competent and credentialed workforce.	4.1.2	Provide trainings and resources that support and develop current public health employees.	By December 31, 2015, employees will have the opportunity to participate in career development trainings (i.e. leadership, etc) offered at CHD at least quarterly.
Ensure partnerships, systems and processes to support the future workforce.	4.2.1	Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce.	By January 1, 2014, establish and implement a set of value-based, SMART behavioral and technical competencies performance standards for all CHD employees.

Appendix A
Hernando County Community Health
Assessment (CHA) and Community Health
Improvement Plan (CHIP)
Executive Summary

Hernando County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Executive Summary

Community Health Assessment (CHA) Overview

Community health needs assessment activities for Hernando County in 2011 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control (CDC) (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTSA allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Due to prioritization of limited resources, this 2011 MAPP assessment for Hernando County focused on the CHSA, the LPHSA, the CTSA and the FCA; the community health improvement planning aspects of the MAPP process will be added at a later date soon thereafter the release of this report. This document provides a brief summary of key activities in each of these areas. A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

Key Issues

The following is a brief bulleted list of key issues for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Hernando County both on an individual and county-wide basis.
- The overall age-adjusted mortality rate in between 2007-2009 for Hernando County was 14 percent higher than the state (760.9 per 100,000 for Hernando vs. 666.7 per 100,000 for the state).
- During 2007-2009, when adjusting for age, residents of Hernando County fare worse than the state as a whole on AADRs on all the ten top causes of death.
- In both Hernando County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Hernando County as in the rest of the state. Black residents in Hernando County have a 5.6% higher overall age-adjusted mortality rate compared to White residents (804.4 and 761.7 per 100,000, respectively).
- During 2007-2009 (Technical Appendix Report Table 44), Blacks had AADR for hypertension at over 344 percent greater than Whites (39.1 and 8.8 per 100,000 respectively); Blacks had AADR for diabetes at over 98 percent greater than Whites (54.2 and 27.3 per 100,000 respectively); AADR for stroke at over 67 percent greater than Whites (52.7 and 31.5 per 100,000 respectively); AADR for heart disease at over 14.2 percent greater than Whites (192.9 and 168.9 per 100,000 respectively); and AADR for liver disease at over 6.97 percent greater than Whites (13.8 and 12.9 per 100,000 respectively).
- Overall, poor health behaviors are generally on the rise in Hernando County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Hernando County's rate of avoidable hospitalizations is more than 35% higher than the state rate (based on 2009 statistics). The rate of avoidable hospitalizations in Hernando County was 19.2 per 1,000 non-elderly persons as compared to 14.2 for Florida.
- In October 2011, the U.S. Census Bureau's Small Area Health Insurance Estimate program, released 2009 estimates of health insurance coverage by age at the county-level (Technical Appendix Report Table 121). In the year 2009, 23.2 percent of the Hernando County adult population under 65 years of age was uninsured compared to 24.9% for Florida.
- The rate of total physicians per 100,000 residents (fiscal year 2009-10) was more than 52 percent lower in Hernando County than in Florida— 143.2 and 300.6, respectively.
- The rate of licensed dentists per 100,000 is more than 49 percent lower in Hernando County (fiscal year 2009-10), 31.2 as compared to 61.9 for the state.
- Hernando County is ranked near the middle of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin, but rankings have gotten progressively worse from 2010 to 2012.
- Life expectancies of all residents of Hernando County are lower than state and national averages, and life expectancies of black residents are 3-4 years shorter than that of white residents (3 years for males and 4 years for females).

Local Public Health System Assessment

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose And Investigate Health Problems and Health Hazards

3. Inform, Educate, And Empower People about Health Issues
4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, four of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 4, 7, 8 and 10. Typically, Essential Public Health Services 8 and 10 are relatively more out of the direct control of the local public health system as it is generally dictated by geographical dynamics or macroeconomic trends and circumstances. However, the low scores for EPHS 4 and 7 may indicate that there are opportunities in Hernando County in the following areas:

- to better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable (EPHS 7).

Community Themes and Strengths Assessment

Analysis of the resident focus group discussions and physician survey response from the CTSA process yields the following key observations and themes regarding community health themes in Hernando County:

- Access to affordable care and a strong economy are essential to a healthy community.
- Health problems related to aging were identified as one of the major health issues in Hernando County.
- Obesity and chronic diseases stemming from obesity are the major health problems in Hernando County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Hernando County may not be fully supportive making good personal health choices for all constituencies.
- Prescription drug, alcohol and other drug abuse is viewed as one of the major health problems confronting Hernando County.
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Hernando County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.

- Overall health-related quality of life is rated fair to good, and rarely viewed as very good to excellent.
- A continued and increased local focus will be required to overcome some of the most pressing issues and daunting challenges (rather than waiting for federal or state support and direction); local leadership on these issues is critical.
- Faith-based organizations are strong assets for Hernando County and will be integral to community health improvement efforts.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Hernando County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The Forces of Change Assessment for Hernando County resulted from three sources: the discussion transcripts from the community portion of the Local Public Health System Assessment (LPHSA); the discussion transcripts from the health department portion of the LPHSA; additional discussions during the community focus groups; and observations and analysis by the needs assessment steering committee. The Forces of Change Assessment is dedicated to identifying forces of change and discussing potential threats and opportunities inherent in these ongoing or emerging forces.

As an ancillary discussion during the LPHSA, focus groups and key informant interviews and with the steering committee, participants were asked to answer the following questions:

“What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

Participants in the various component processes of this assessment were also encouraged to contribute in the brainstorming process for these questions. Once a list of forces was identified, resultant opportunities and/or threats these forces may have on the local health care delivery system and health outcomes in Hernando County were also postulated.

The following table (Table 1-1) summarizes the forces of change identified for Hernando County and possible opportunities and/or threats that may need to be considered in the strategic planning process.

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
Aging population	Increasing healthcare costs Physician to population ratio (increasing) Costs of chronic illness to the community Increased auto accidents Golf cart accidents Limited facilities in which people can age Adverse affects on job market	Higher insured population Larger volunteer pool Brings revenue to community
Cuts from the Legislature	Decrease in healthcare availability Unemployment More uninsured Effects on mental, physical health Less personal safety – more crime Domestic violence School funding reduced	Depends on who you ask Reduced taxes More awareness of political and civic issues and Accountability
Reduction in population or slowing population growth	Loss of tax revenue Loss of support from the county Business failures, especially small business	Increased employment competition Fewer sick people
Medicaid reform	Lower reimbursement (no cost-based for Health Department) Poorer dental outcomes Less access Fewer primary care providers	Saves federal/state governments money Concentration on core public health programs New partnerships
State and local government structural changes	Change of priorities Availability of services Loss of ties to the community State level does not understand issues at local level	Better relationships More efficient government

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	Lack of political experience	
Reduction in work force	More uninsured More unemployed Similar to reduction in population Reductions specific to medical workforce not keeping pace with population	More education and re-training
Increasing minority populations	More disparities (not sure in what areas and to what levels) Adjusting to cultural changes Language barrier	Cultural diversity Stronger communities
Increasing homeless population	More demand for uncompensated care Everything more difficult and magnified in terms of healthcare delivery and outcome Violence Increased law enforcement costs	New community partnerships to help them
Foreclosures	Lack of tax revenue Increase in homelessness Public nuisance and environmental hazards	Lower home prices
Decreased property values; less money to sustain programs for local government	Less money to support programs for local government	Lower housing costs
Changing family structure	Domestic violence/aggression Less extended family to help with family duties and obligations	More accepting of new roles Women are wearing the pants and paying for them too
Impact of anti-immigration sentiment on the number of undocumented	Family disruption Deportation Negative impact on agricultural industry Impact on community and police force Failure to seek out services due to fear of immigration status Difficult to get into shelters	Less pressure on already under-funded programs Healthcare workers becoming more culturally competent due to learning of hardships

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	during a disaster as law enforcement is involved	
Advances in technology	Expensive Overtreatment of self Inappropriate treatment of self Misinformation Increased liability (more knowledge breeds more lawsuits)	Telemedicine Increased efficiency Increased patient safety Faster communication More technologically savvy workforce Better paid workforce
Availability of experienced staffing; baby boomers retiring	Insufficient staffing Higher patient to provider/nurse/doctor ration	Change in culture in the workforce
Lack of trained work force in key specialties	Cannot fill positions Quality suffers Overburdened healthcare workers Less access Reduce productivity	Opportunities for training providers/education providers Networking with educational institutions Rising wages in areas of shortage
Reduction in Medicare and Social Security funding an impact in Hernando County since we have a high % of senior adults	Delayed retirement Decrease the infusion of money into the local healthcare system Decrease in discretionary spending	Keeping experienced workforce a little longer Less taxes
Changing attitudes toward aging and end of life issues	Costs of chronic illness to the community Adverse affects on job market Huge increase in health care costs without maintaining quality of life Increases in numbers of physician assisted suicide Financial burden to family Families moving in together Possible lowered awareness of elderly needs Lack of resources including medical/ nursing staffing	New community partners Bring dignity and choice to end of life decisions More assisted living facilities needed which require increase in staffing By working together families become closer Elder care programs may be created or improved Increase in jobs for industry associated with aging population – nursing, medical, social work, etc.
Presidential election	Change in priorities	Awareness of political and civic issues

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	<p>Changes made that effect how government operates and government employees' salaries and benefits are reduced</p> <p>Possible change in priorities</p> <p>Changes in healthcare policy; possible decreased funding</p> <p>Changes in policies, more bipartisan stonewalling</p> <p>Elimination of Affordable Health Care Act</p> <p>Increase in federal grant funding</p>	<p>Fresher ideas with new political leaders</p> <p>Hopeful for economic improvement</p> <p>Opportunities for change in policy to increase access to care</p> <p>Changes in policies, politicians, attitudes</p>
Shortage of primary care providers; especially pediatricians, IM, OB/GYN	<p>Added stress to already overworked healthcare workers</p> <p>Same as shortage of dentist below</p> <p>Not enough doctors for patients to see</p> <p>Health care not up to par</p> <p>Patients going without health care altogether</p> <p>Increased and unmanaged numbers of chronic disease cases in adults and children</p> <p>Increased in deaths</p> <p>Barrier to care for under insured or uninsured clients</p> <p>Decreased access to care</p> <p>Increased healthcare problems in community</p> <p>Increased hospital ER visits</p> <p>Inferior care or longer wait to receive care</p> <p>Possible increase in infant / child mortality</p> <p>Lack of services</p>	<p>Potential for Public Health Leadership</p> <p>Same as shortage of dentist below</p> <p>More job opportunities for doctors out of college</p> <p>More affordable and inviting educational programs may become available in the health care profession, for those interested on this carrier path</p> <p>Scholarships at medical schools</p> <p>Encourages people to go back to school or continue their education to fill shortage needs</p> <p>New providers moving into area</p> <p>Current providers increase patient load</p> <p>Op for recruitment</p> <p>Job opportunities</p>

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	<p>Overutilization of hospital emergency rooms</p> <p>Increase in cost for services</p>	
Shortages of dentists	<p>Limited dental care could potentially increase health care costs</p> <p>Lack of dental care available to patients</p> <p>Longer waiting time for appointments</p> <p>Harder to find dentists due to offices</p> <p>Reaching client capacity</p> <p>Could contribute to more severe mouth problems or other health conditions</p> <p>Overall poor health</p> <p>Overburdened dentist/dental staff</p> <p>Unaffordable care, due to high demand</p> <p>Barrier to care for under insured or uninsured clients</p> <p>Increased amount of untreated dental decay</p> <p>Lack of access to care for uninsured</p> <p>Increased dental emergencies</p> <p>Poor overall health</p> <p>Inferior care or longer wait to receive care</p> <p>Increase in dental carries</p> <p>Delay in obtaining oral health care</p> <p>Utilization of dentists outside Hernando County</p> <p>Decrease in new residents</p>	<p>Expand Dental Services</p> <p>More opportunities for newly graduating dentists</p> <p>More bargaining opportunity for dentist salary</p> <p>More opportunities for dentist out of college</p> <p>Hernando CHD is poised to expand services</p> <p>Can improve reimbursement rates for Medicaid to encourage dentists to accept Medicaid clients</p> <p>More patient's for active dentists</p> <p>HD may see more clients</p>

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	Increase in cost for services	
Electronic health records	May be expensive initially High maintenance cost Confidentiality breach Delays and accessibility issues if technology not available Large expense May have to try multiple systems before success Costs will rise Shortage of doctors or clinics Possibility of identity theft if security inadequate Access personal information w/o authorize	Efficiency Potential money savings over the long run A more efficient network to follow patients care Increased efficiency Increased patient safety Faster communication More technologically savvy workforce Will help to avoid repeating tests which will save money and make continuity of care easier Facilitates record keeping and makes transferring records easier between providers Shortage of doctors or clinics Possibility of identity theft if security inadequate Decrease in cost of services Automation of patient records Availability of medical information by another doctor when traveling / out of area
Rising prices of everything (especially healthcare costs)	Citizens may not seek the preventative care that they need which can over the long run increase the incidence of chronic disease People cannot afford to buy groceries or buy medications or other necessities Patients falling out of care. Increase on malnutrition, homeless families. Stress levels increase as well Concern for low income that barriers to health care, housing and food	New programs and new ways of thinking will have to be created to accommodate and meet the need of individuals, communities Strengthen community through streamlining services Increased public assistance programs Possible competitive pricing may result Move out of area Change in family unit (more family members living in same home)

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	<p>Clients cannot afford to take care of their families</p> <p>Decrease in availability of services, outpricing of services (less people can afford services)</p> <p>Increase on budget burdens at facilities</p> <p>Delay in obtaining medical care</p> <p>Increase in chronic diseases</p> <p>Decrease in life expectancy</p>	
Emerging infectious diseases	<p>Increase in health care costs</p> <p>Shortage of health care workers already – may not have enough trained health care workers to meet the demands of new infectious diseases</p> <p>Greater possibilities of being contaminated</p> <p>Less availability of medicine to treat diseases</p> <p>Overcrowded doctor offices and hospitals</p> <p>Healthcare demand rises beyond supply</p> <p>Shortages in medication</p> <p>Decrease in work force</p> <p>Will antibiotics continue to work?</p> <p>Anxiety</p> <p>Increased costs associated with healthcare</p> <p>Increased mortality</p> <p>Spread of diseases</p> <p>Pandemic risk increased</p>	<p>Potential for Public Health Leadership</p> <p>More revenue from pharmaceutical companies</p> <p>More revenue for doctors and hospitals</p> <p>Dr.'s and drug companies make more money</p> <p>Strengthen Public Health Infrastructure</p> <p>Encourages research for a cure</p> <p>Health departments providing care</p> <p>Need for research scientists increased</p>
Contraction of state DOH or local health department mission	<p>Decreased safety net providers</p> <p>Less services for communities</p>	<p>Change in priorities</p> <p>New partnerships</p> <p>Increases in numbers of FQHC facilities</p> <p>Having to be really wise in all</p>

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
		expenditure decisions
Seasonal population	Traffic EMS overflow via emergency calls Higher death rates Crowding facilities	Revenues/economy Travel immunizations Seasonal employment

Source: Hernando County Forces of Change Assessment, September 2011-January 2012.

Priority Strategic Health Issues

To conclude the MAPP assessment, the a group of representatives of the local public health system partners was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Hernando County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. The identified issues and concerns were consolidated into a core set of key issues, thus creating a set of priority issues. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

Priority issues were established as follows:

1. Inappropriate use of healthcare; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.
 - a. Measure and hold accountable.
 - b. Create wealth that improves health outcomes.
 - c. Change the culture of tolerance.
 - d. Educate the community on the true cost of their behavior.
 - e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
 - f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
 - a. Utilize the school system as a vehicle to educate students and parents (e.g. fire prevention).
 - b. Public service announcements/education on the quality and quantity of services in Hernando County (provide examples of positive experiences).
 - c. County level branding that brands the entire community health initiatives - requires partnership for everyone to agree on the branding and not to work in silos.
 - d. Cultivate ownership of the issues and the effort needed to improve Hernando.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.

- a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
 - b. Enhance Access Hernando; encourage participation by a greater percentage of community physicians.
4. Need for community-wide teamwork and lack of community participation.
 - a. Targeted group of people to get the job done - accountability.
 - b. Clear message to the community with clear expectations - if you deliver the community will be with you.
 - c. Community buy-in.
 - d. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.

Next Steps

Some next steps to consider as part of a strategic community health improvement plan:

1. Create a formal strategic health vision for Hernando County with community-wide measurable goals and objectives and a community health improvement plan for each of these specific goals.
2. Ensure that the Hernando County Health Care Advisory Council (offshoot of the County's now defunct Health Care Advisory Board) comes to fruition so that the Council can "shepherd" or "oversee" the strategic community health improvement plan.
3. Develop specific goals, objectives and action plan for the Hernando County Health Care Advisory Council consistent with these key strategic health issues.
4. Mobilize community partners as needed on specific goals and tasks.
5. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues).
6. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make. Ongoing education campaigns for the public and key stakeholders regarding the full economic and non-economic impact of ongoing and emerging health issues.
7. Ensure community awareness of existing resources and how and when to utilize them.

Hernando County CHIP Overview

To conclude the MAPP community health needs assessment, the Core Community Support Team, a group representative of the local public health system partners that acted as the steering committee throughout the needs assessment process, was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Hernando County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. The identified issues and concerns were consolidated into a set of key issues. Participants then voted on which of these consolidated key issues were the most important in Hernando County, thus creating a set of priority issues. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

Priority issues were established as follows:

5. Inappropriate use of healthcare; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.

- a. Measure and hold accountable.
 - b. Create wealth that improves health outcomes.
 - c. Change the culture of tolerance.
 - d. Educate the community on the true cost of their behavior.
 - e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
 - f. Economic development (raise the socioeconomic levels).
- 6. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
 - a. Utilize the school system as a vehicle to educate students and parents (e.g. fire prevention).
 - b. Public service announcements/education on the quality and quantity of services in Hernando County (provide examples of positive experiences).
 - c. County level branding that brands the entire community health initiatives - requires partnership for everyone to agree on the branding and not to work in silos.
 - d. Cultivate ownership of the issues and the effort needed to improve Hernando.
- 7. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
 - a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
 - b. Enhance Access Hernando; encourage participation by a greater percentage of community physicians.
- 8. Need for community-wide teamwork and lack of community participation.
 - a. Targeted group of people to get the job done - accountability.
 - b. Clear message to the community with clear expectations - if you deliver the community will be with you.
 - c. Community buy-in.
 - d. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.

In order to refine issues and strategies obtained during the community health needs assessment process, the members of the Core Community Support Team, key Hernando County Health Department staff and members of the Hernando Health Care Council were brought together as the Hernando County CHIP Work Group to create the Hernando County Community Health Improvement Plan (CHIP).

Members of the Hernando County CHIP Work Group met in-person at three workshops (June 25, August 20 and September 26, 2012) to take the input of the MAPP needs assessment and the priority issues identified and formulate a response to those issues which ultimately became the CHIP. During the workshop process, in addition to in-person deliberations and consensus-building, the CHIP Work Group utilized SurveyMonkey and other internet-based activities to help foster the plan. WellFlorida Council, the statutorily designated (F.S. 408.033) local health council that serves Hernando County, provided technical and administrative assistance as well as facilitation for the Work Group workshops.

The initial workshop consisted entirely (approximately a dozen) of key Hernando County Health Department leadership staff. This first workshop was dedicated to formulating the CHIP process that would be utilized in the community and informing key health department leadership of the needs assessment findings. At the second workshop on August 20, Mr. Feller presented an overview of the

needs assessment findings to all in attendance and members dissected the priority issues identified and finalized the core set of priority issues. Between the second and final workshop, members participated in online priority ranking exercises utilizing SurveyMonkey in order to prioritize the list of issues based on their magnitude of importance in Hernando County and the likelihood that these issues could be substantially positively impacted through local efforts. After the priority issues were established, Work Group members submitted potential strategies for key issues through an online process and then participated in a SurveyMonkey process similar to the issue prioritization survey in order to prioritize the key strategies for each key issue.

The final workshop was held on September 26, 2012. During this meeting, Work Group members finalized the priority strategies for each priority issue that would be included in the CHIP and also identified goals and objectives for each of the major issue areas and strategies. WellFlorida Council then consolidated all of the information generated during the in-person workshops and during online sessions to create the draft CHIP report. A Hernando County Health Department CHIP Review Team then reviewed draft materials and approved the CHIP goals, strategies and objectives and this final draft report via email.

Hernando County CHIP (Goals, Strategies and Objectives)

A key component of Hernando County's CHIP is to create a permanent and ongoing community health issues task force or coordinating body to lead community projects to address health issues and to shepherd ongoing needs assessment and community health improvement activities. As such, the following Hernando County CHIP is presented as goals, strategies and objectives and the Hernando County CHIP Work Group hopes and recommends and that the newly formed collaborative will specify a detailed action plan that includes key activities, lead roles, community resources, targeted dates for key activities and evaluation measures. The Work Group believes that the consensus building that will ensue around the development of the detailed action plan will foster the growth and the development of the task force.

GOAL 1 Enhance leadership on addressing community health issues by mobilizing a community collaborative partnership to identify these issues; inform and educate the community on their impact; and implement solutions to improve these issues.

Strategy 1.1 Recruit, utilizing the prestige and visibility of the Hernando County Chamber of Commerce, high-level representation from key constituencies (listed below) to attend a community summit on community health issues with the intent of ultimately forming an ongoing community collaborative to identify and monitor these issues; inform and educate the community on their impact; and implement solutions to improve these issues. Key constituencies should include but will not be limited to:

- Hernando County Board of County Commissioners
- City Commissioners
- County and City Managers
- Key County and City Government Personnel
- Brooksville Regional Hospital
- Spring Hill Regional Hospital
- Oak Hill Hospital
- Springbrook Hospital
- BayCare

- LifeSouth Rehabilitation Hospital
- Hernando County Health Department
- Nature Coast Community Health Center
- Hernando County Medical Society
- Hernando County Dental Society
- Hernando County Sheriff's Department
- Hernando County Jail
- City Police Departments
- Emergency Medical and Fire Rescue Services
- Leading Businesses and Employers
- Hernando County Chamber of Commerce
- Department of Children and Families
- Private Physicians and Dentists
- Economic Development Agencies
- Hernando County Public Schools
- Hernando County Private Schools
- National Alliance for the Mentally Ill (NAMI) – Hernando Chapter
- Key Community-based Organizations
- Ministerial Alliance and Individual Churches
- Key Citizen Leaders
- Other Key Groups

Objective 1.1.1: The community summit will be held by January 2013.

Strategy 1.2 Identify and adopt a structure for an ongoing community collaborative that will identify and monitor community health issues; inform and educate the community on their impact; and implement solutions to improve these issues

Objective 1.2.1: By March 2013, the group of community partners convened at the community summit will identify and adopt a formal structure for the collaborative.

Objective 1.2.2: By May 2013, the community collaborative will be fully operational.

GOAL 2 Improve and expand central community health services information and referral resources for both consumers and providers.

Strategy 2.1 Perform extensive inventory of all community health information and referral resources in Hernando County.

Objective 2.1.1: Work with the newly formed community collaborative or with key community partners to collect, inventory and analyze all existing community health information and referral resources serving Hernando County by June 2013.

Strategy 2.2 Enhance the currently available major community health information and referral resources by ensuring that existing resources information is being regularly updated by community health services providers.

Objective 2.2.1: Create an educational campaign targeted at providers that promotes the importance of participating in the major existing community health information and referral resources by July 2013.

Objective 2.2.2: All identified critical community health services will update the major existing community health information and referral resources by August 2013.

Objective 2.2.3: By September 2013, processes will be in place to ensure that all critical community health services are regularly updating major existing community health information and referral resources.

Strategy 2.3 Increase community awareness (for both consumers and providers) of major existing community health information referral and resources.

Objective 2.3.1: By September 2013, conduct a comprehensive community education campaign that educates the community on the community health information and referral resources available in Hernando County and how to use them.

Hernando County Community Health Improvement Plan: Next Steps

As stated in Robert Wood Johnson's 2010 portfolio about vulnerable populations *A New Way to Talk about the Social Determinants of Health*:

"...No institution alone can restore a healthy America that nurtures families and communities. That will require leadership, and a partnership of business, government and civic and religious institutions."

In this respect, Hernando County and the health challenges its citizens face are no different. Members of the Core Community Support Team that were critical to the MAPP needs assessment and members of the CHIP Work Group both realize that the first step is to formulate the community collaborative that will lead efforts to implement and grow this plan with the hopes of:

- Creating a healthier community and better quality of life;
- Increasing the visibility of public health and an understanding of what truly is the "local public health system;"
- Anticipating and managing change;
- Creating a stronger local public health infrastructure; and
- Engaging the community and creating community ownership for community health issues.

Thus, the "first" of the next steps that will be critical to implementation of the overall Hernando County CHIP and resultant action steps, subsequent MAPP assessments and ongoing community health improvement planning will be the development of the community collaborative or task force. Key constituencies that worked on the MAPP assessments and the CHIP will now focus on putting together the framework for a community collaborative that will lead community health improvement activities, monitor the implementation of the CHIP annually, and conduct ongoing community health needs assessment and community health improvement planning activities.

Appendix B

Hernando County Health Department (HCHD) Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis Notes

Hernando County Health Department Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis Notes

SWOT Analysis Notes from the July 17, 2013 Strategic Planning Workshop

The following represents the key SWOT themes discussed during the Strategic Planning Workshop with the HCHD Strategic Planning Team during the half-day meeting on July 17, 2013.

Table 1. Strengths, Weaknesses, Opportunities and Threats for HCHD/NCCHC.

Strengths (Internal)	Opportunities (External)
<p><i>We want to maintain and leverage strengths.</i></p> <p>Staff attitude Staff commitment Strong leadership/senior management team is involved Last internal survey (staff satisfaction)...we improved in every dimension...despite transitions Great job across all departments of building partnerships within the community Presence in community of key staff...just don't sit behind the desk...engage the community frequently PIO has strong relationship with media partners Public health preparedness (only HD that got 100 on the stockpile) Building Good place with EPI...new <u>med director</u> was epidemiologist for Miami-Dade Good equipment on the medical side Good technology Lots of expertise Desire of staff to stay informed and up-to-date Teamwork...especially in the last two years...much more patient and understanding of the current environment Trust levels are higher New building brought people together Not as much friction between departments</p>	<p><i>We want to invest in opportunities.</i></p> <p>Accreditation process (huge opportunities for future...fluid...way to do business) QI framework is a great opportunity Increasing our community partnerships Getting the word out about services CHIP implementation New medical director will give us the opportunity to get better (clinic processes and EHR, epi) Medicaid reform (sign up with HMOs, negotiate with HMOs, some new clients population) Haven't been a big 3rd party or commercial insurance provider yet Between Medicaid reform and ACA it may reduce the number of uninsured in the community, can we get new clients from this Exchange navigators will help folks learn more about who we are and what we do Parlay our FQHC status...insurance providers get bonus points for dealing with us Eligibility for outreach and assistance may role into our base FQHC will still give CBR Don't know full benefit of maintaining FQHC status</p>

Table 1. Strengths, Weaknesses, Opportunities and Threats for HCHD/NCCHC.

Weaknesses (Internal)	Threats or Challenges (External)
<p><i>We want to minimize weaknesses.</i></p> <p>Lots of new staff...learning curve is steep Dissemination of information from top to the bottom (and bottom to the top) The transition to EHR is awkward Temporary computer glitches in transition to EHR Ability to attract qualified employees from a financial and location standpoint (not everyone wants to come here) Difficult to recruit Difficult to get message out about everything we offer Public has limited knowledge of what exactly it is that the HCHD does In terms of nutrition, lack of services in areas other than maternal and child Lack of ability to get seniors to many services Information overload Difficult to stay on top of information and sort the important from the urgent (may not be unique to HCHD) Salary structure set by state and may not be as competitive as it could be Morale has increased but generally more frustration with state policies</p>	<p><i>We want to identify threats or challenges that need to be addressed and understand their potential impact.</i></p> <p>Uncertainty of Medicaid reform and ACA What Legislature may do in next session may be huge Can sign up for as many HMOs as you want but you have to have capacity to do that Constantly changing leadership/turnover at the DOH in Tallahassee Availability of workforce and staff (e.g. getting your hands tied by policy; competing with states that are expanding services through Medicaid); not enough authority to control local decisions on pay structure and other policies What is going to happen locally Economy and ad valorem taxes still an uncertainty Losing FQHC funding (many financial issues if lost)</p>

Ways STRENGTHS can be maintained, enhanced or leveraged

Commitment to continue to invest in staff (development, training, communications, mentoring, recognition)

Listening/Communication (keep people informed about what is going on...keep people on same page)

External Communication – make sure we are in front of the media; participating in community events; active with professional organizations

Internal cross-training

Encouraging/sharing learning and network opportunities with other health departments

Ways to minimize WEAKNESSES

Enhanced communication among staff

Communication top-down is always an issue

Meet with all supervisors...information needs to be communicated downward

Information must be pushed down

Continue to work hard to streamline and standardize messages

Advertise more of the benefits that we have to overcome wage and location deficits

Ongoing training

Work to have as much opportunity as possible

Value internal development

Advertising

Options for leveraging or taking advantage of OPPORTUNITIES

Advertising

More efficient and effective billing processes to maximize revenue generation

Learn billing best practices from other CHDs and FQHCs

Maximize clinic flow and health metrics (new medical director)

Be the information leader/authority in terms of ACA and Medicaid reform (partnering with the Community Health Improvement Partnership)

Potential impact of THREATS/CHALLENGES and anything being done to address or prepare for the threat

Change the way we do business

Many many unknowns

Because there are so many unknowns, we have positioned ourselves for this year...now we need to work on future years

We have self-limited and not been extravagant

Conservative budgeting in the near term

Appendix C

Hernando County Health Department (HCHD)

Environmental Scan Discussion Notes

Hernando County Health Department Environmental Scan Discussion Notes

SWOT Analysis Notes from the July 17, 2013 Strategic Planning Workshop

The following represents the key environmental scan themes discussed during the Strategic Planning Workshop with the HCHD Strategic Planning Team during the half-day meeting on July 17, 2013. As part of the environmental scan discussion, Appendix C also includes notes on discussion on the HCHD in relation to the 12 domains of Public Health Accreditation Board (PHAB) standards and measures.

Environmental Scan Discussion Questions

1. What is going on in the community that the HCHD serves? What are the trends, needs and opportunities for change within the community? Are customers satisfied with our services?

Going on? Trends, needs and opportunities for change:

Prescription drug use

One of the highest rates of substance exposed newborns in the state

Obesity – poverty and food insecurity; cheaper to buy a Big Mac than fruit; economy

Limited mental health services (going to jail instead of getting help; kids going out of town to get help)

Mental health is big everywhere

Access to specialty care (e.g. mental health)

Unemployment...not getting better as quickly; perhaps underemployment as well

Foreclosure rates

Uninsured (seems like more and more without insurance)

STD rates may be higher...growing in older population (HIV)...younger is stable

Rate of diabetes is higher than the state rate

Lack of service for persons with diabetes

Chronic hep C patients are increasing

211 if it gets utilized more we can get more data on what is needed

Lack of staff and providers...working on...ongoing....retirements and attrition has resulted in issues...perfect storm

Customer satisfaction:

When we went to 3/2 there was some blowback from the community

Brooksville may be more dis-satisfied than Spring Hill folks

Lots of people have moved from other places and compare to what they got elsewhere...county services in general including the health department
 Most common complaint is wait time and getting through to a warm body on the phone
 Provider shortages cause issues with public
 Sanitary nuisance program but we do not have the capability...expectation that we clean or remediate...perhaps a false expectation
 Positive...after initial pressure of moving into new facility...community partners and community members really value the new facility...employees...room to grow
 Case management has increased as actual provider time has increased...waiting longer for case management as well

2. What is the financial picture within the economic climate? What are the HCHD resources, assets and opportunities?

Lost revenue at the state level for the past 6-7 years
 Still trying to recover and adjust to this
 Medicaid reform is uncertain...HCHD sits a bit better since we have FQHC
 Trust fund balance is now healthy (will remain healthy but may result in reduction in services or staff)
 This local health department's financial picture has improved dramatically

3. How is the health department doing? What are the health department's strengths and weaknesses? Are internal processes efficient and meeting needs of the customer (internal or external)? How is the support from the community?

Strengths

Staff attitude
 Staff commitment
 Strong leadership/senior management team is involved
 Last internal survey (staff satisfaction)...we improved in every dimension...despite transitions
 Great job across all departments of building partnerships within the community
 Presence in community of key staff...just don't sit behind the desk...engage the community frequently
 PIO has strong relationship with media partners
 Public health preparedness (only HD that got 100 on the stockpile)

Building

Good place with EPI...new med director was epidemiologist for Miami-Dade
 Good equipment on the medical side
 Good technology
 Lots of expertise
 Desire of staff to stay informed and up-to-date
 Teamwork...especially in the last two years...much more patient and understanding of the current environment
 Trust levels are higher

New building brought people together
Not as much friction between departments

Weaknesses

Lots of new staff...learning curve is steep
Dissemination of information from top to the bottom (and bottom to the top)
The transition to EHR is awkward
Temporary computer glitches in transition to EHR
Ability to attract qualified employees from a financial and location standpoint (not everyone wants to come here)
Difficult to recruit
Difficult to get message out about everything we offer
Public has limited knowledge of what exactly it is that the HCHD does
In terms of nutrition, lack of services in areas other than maternal and child
Lack of ability to get seniors to many services
Information overload
Difficult to stay on top of information and sort the important from the urgent (may not be unique to HCHD)
Salary structure set by state and may not be as competitive as it could be
Morale has increased but generally more frustration with state policies

External and internal customers:

QI should have huge impact
EHR will help

Support of community:

Overall...great
Dental does not get a lot of support by private dental community
Every department needs to be out in the community with their respective societies
Business and employer community is starting to warm up to us
Not sure of the general public
BOCC: generally good support
Financial support good from BOCC
Working on city of Brooksville relationship
State and national reps: growing

4. What is going on at the local, state, national and legislative level that may impact the health department or the community?
Medicaid reform (including Medicaid pre-paid dental program)...will more physicians participate in Medicaid? Who will clients go to?
Affordable Health Care Act
Legislature has mandated that EBT card be used as method for statewide WIC services/products
Legislature wants you guys out of primary care

Fate of hybrid CHDs/FQHCs

HRSA FQHC funding periods have shrunk from 5 to 3 years

Applications have changed

County economic recovery and employment opportunities

Funding issues...losses in revenue

Some counties are cutting funding of CHDs (not yet an issue here)

State general revenue continues to shrink

2 years ago local mosquito control has been cut

5. What types of learning and growth are important for the health department? What is the current capacity of the health department to do the work needed now and in the future?

Learning and Growth:

Technology, EHR

The ins and outs of the ACA and how it will impact CHD

Continuing education for all professionals

Overall training that everyone needs has been well supported

Professional licensure and certification training has been more difficult due to cost and travel restrictions

Public health response staff growth capability (different priorities in federal)

Uncertainty of future of primary care makes growth requirements hard to ascertain

If we are going maintain primary care, we must grow the client base (dental as well)

Growth Resources Possibilities:

Equipment and Building

Funds not that questionable now for immediate concerns but the future is a guess

Discussion on 12 PHAB Accreditation Domains of Standards and Measures and the Hernando County Health Department

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community.
Stayed ahead the pack. Leading here. Fairly impressive. Community partners have been on board. Room for improvement on dissemination. Reach public more. Have we influenced thinking? Pockets of people or agencies more than universal across the county.
2. Investigate health problems and environmental public health hazards to protect the community.
Pretty strong in investigating. CDC study for arsenic. Public works. Contamination.
3. Inform and educate about public health issues and functions.
Strong partner in Hernando Today...media partners. Lots of face-to-face.

Involved in lots of other different orgs that expose people to public health (e.g. Chamber, POD outreach, etc.)

4. Engage with the community to identify and address health problems.
This is where CHIP comes in. Renewed our efforts with CHIP.
5. Develop public health policies and plans.
Limited at local level. Tobacco policy. Breastfeeding policies. State structure limits this locally. Documentation from state.
6. Enforce public health laws.
Mainly responsibility of the state. Routine part of environmental health.
7. Promote strategies to improve access to health care services.
Identified as primarily a state responsibility in accreditation process. Outreach and eligibility assistance through FQHC (marketplace).
8. Maintain a competent public health workforce.
Beginning stages of workforce development plan. Inservices. State certifications in environmental health. Working with intern groups and student groups.
9. Evaluate and continuously improve health department processes, programs and interventions.
Recently developed a Quality Improvement Plan for HCHD. Over the first hurdle.
10. Contribute to and apply the evidence base of public health.
Implementing best practices? Utilize best practices. Food service – risk-based (good example of using an evidence based practice).
11. Maintain administrative and management capacity.
Possibly the primary purview of the state/central office.
12. Maintain capacity to engage the public health governing entity.
The primary purview of the state/central office.
Limited role locally due to state structure of DOH.

Appendix D

Hernando County Health Department (HCHD) Strategic Planning Issues Survey Instrument and Results and Objectives Survey Instrument and Results

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Hernando County Health Department Strategic Planning Issues Survey

***1. Please read each of the issue areas below carefully and rate EACH issue on a scale of 1 to 10 with "1" being an issue of lowest importance to the Hernando County Health Department (HCHD) / Nature Coast Community Health Center (NCCHC) and "10" being an issue of highest importance. Please note that you are rating EACH of the following issues on a scale of 1-10 and not ranking them against each other.**

Rating from 1-10

1. Protect the population from health threats	<input type="text"/>
2. Reduce chronic disease morbidity and mortality	<input type="text"/>
3. Improve maternal and child health	<input type="text"/>
4. Improve efficiency and effectiveness of service delivery	<input type="text"/>
5. Maximize funding to accomplish public health mission	<input type="text"/>
6. Promote a culture of organizational excellence	<input type="text"/>
7. Optimize communications	<input type="text"/>
8. Promote an integrated public health system	<input type="text"/>
9. Assure access to care	<input type="text"/>
10. Attract, recruit, and retain a competent, credentialed workforce	<input type="text"/>
11. Ensure partnerships, systems and processes to support the future workforce	<input type="text"/>
12. Enhance visibility and knowledge of services at the HCHD/NCCHC	<input type="text"/>
13. Increase available appointments to HCHD/NCCHC new and existing clients	<input type="text"/>
14. Understand the implications and opportunities of the Affordable Care Act (ACA) for the HCHD/NCCHC and the community at-large	<input type="text"/>
15. Availability of services is different at different sites	<input type="text"/>
16. Duplication of HCHD services as other entities assume greater roles in prevention and primary care as motivated by the ACA	<input type="text"/>
17. Poor individual health behaviors and resultant poor collective community health outcomes\	<input type="text"/>
18. Stabilizing the HCHD/NCCHC medical staff	<input type="text"/>
19. Increasing dental clientele with payor source	<input type="text"/>
20. Learning new programs and how HCHD/NCCHC fits into the market	<input type="text"/>
21. Linking people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable	<input type="text"/>

Hernando County Health Department Strategic Planning Issues Survey

***2. Please read each of the issue areas below carefully and rate EACH issue on a scale of 1 to 10 with "1" being an issue that you believe the Hernando County Health Department (HCHD) and the Nature Coast Community Health Center (NCCHC) has the least possibility of successfully addressing and "10" being an issue that the HCHD/NCCHC has the highest possibility of successfully addressing. Please note that you are rating EACH of the following issues on a scale of 1-10 and not ranking them against each other.**

Rating from 1-10

1. Protect the population from health threats	<input type="text"/>
2. Reduce chronic disease morbidity and mortality	<input type="text"/>
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16. Duplication of HCHD services as other entities assume greater roles in prevention and primary care as motivated by the ACA	<input type="text"/>
17. Poor individual health behaviors and resultant poor collective community health outcomes\	<input type="text"/>
18. Stabilizing the HCHD/NCCHC medical staff	<input type="text"/>
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20. Learning new programs and how HCHD/NCCHC fits into the market	<input type="text"/>
21. Linking people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable	<input type="text"/>

Hernando County Health Department Strategic Planning Issues Survey

***3. Please read each of the issue areas below carefully and rate EACH issue on a scale of 1 to 10 with "1" being an issue of lowest importance to the communities and residents of Hernando County and "10" being an issue of highest importance. Please note that you are rating EACH of the following issues on a scale of 1-10 and not ranking them against each other.**

Rating from 1-10

1. Protect the population from health threats	<input type="text"/>
2. Reduce chronic disease morbidity and mortality	<input type="text"/>
3. Improve maternal and child health	<input type="text"/>
4. Improve efficiency and effectiveness of service delivery	<input type="text"/>
5. Maximize funding to accomplish public health mission	<input type="text"/>
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16. Duplication of HCHD services as other entities assume greater roles in prevention and primary care as motivated by the ACA	<input type="text"/>
17. Poor individual health behaviors and resultant poor collective community health outcomes\	<input type="text"/>
18. Stabilizing the HCHD/NCCHC medical staff	<input type="text"/>
19. Increasing dental clientele with payor source	<input type="text"/>
20. Learning new programs and how HCHD/NCCHC fits into the market	<input type="text"/>
21. Linking people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable	<input type="text"/>

Hernando County Health Department Strategic Planning Issues Survey

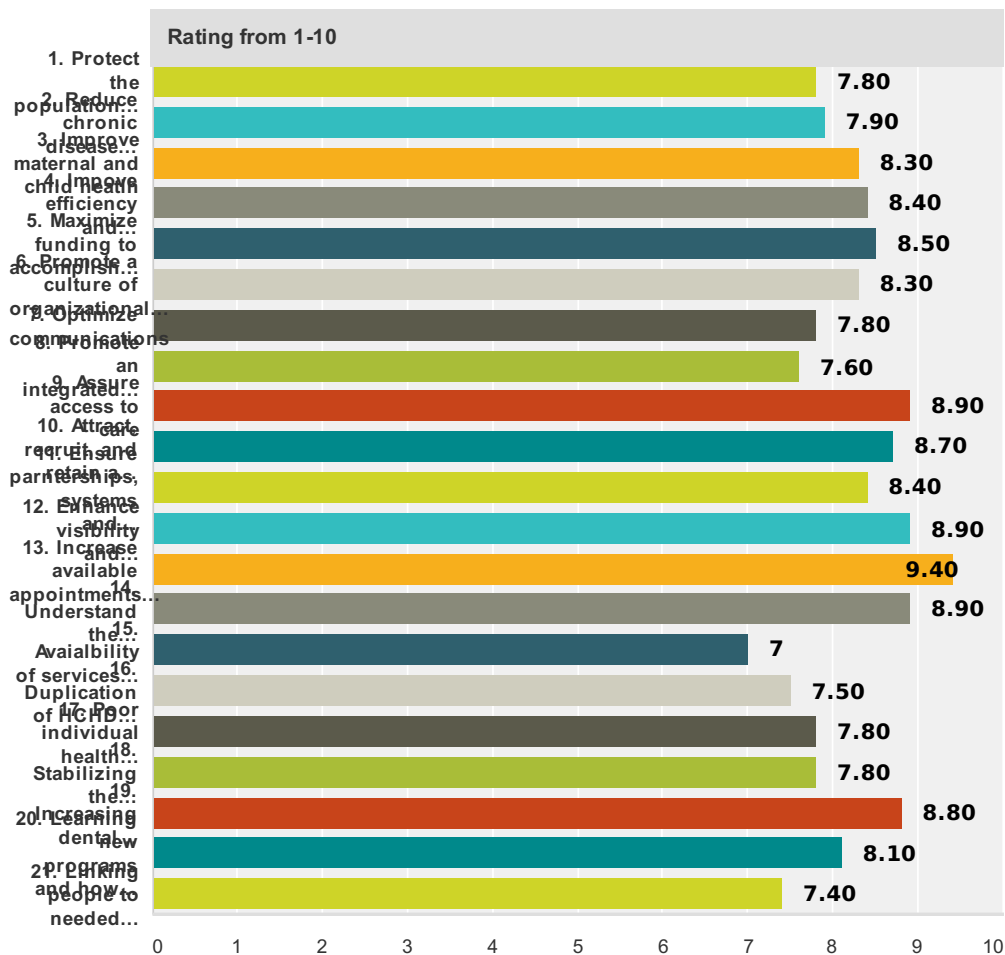
***4. Please read each of the issue areas below carefully and choose the three (3) issues you feel are the THREE MOST IMPORTANT to the Hernando County Health Department (HCHD) and the Nature Coast Community Health Center (NCCHC). You must select exactly three (3).**

- ☐ 1. Protect the population from health threats
- ☐ 2. Reduce chronic disease morbidity and mortality
- ☐ 3. Improve maternal and child health
- ☐ 4. Improve efficiency and effectiveness of service delivery
- ☐ 5. Maximize funding to accomplish public health mission
- ☐ 6. Promote a culture of organizational excellence
- ☐ 7. Optimize communications
- ☐ 8. Promote an integrated public health system
- ☐ 9. Assure access to care
- ☐ 10. Attract, recruit, and retain a competent, credentialed workforce
- ☐ 11. Ensure partnerships, systems and processes to support the future workforce
- ☐ 12. Enhance visibility and knowledge of services at the HCHD/NCCHC
- ☐ 13. Increase available appointments to HCHD/NCCHC new and existing clients
- ☐ 14. Understand the implications and opportunities of the Affordable Care Act (ACA) for the HCHD/NCCHC and the community at-large
- ☐ 15. Availability of services is different at different sites
- ☐ 16. Duplication of HCHD services as other entities assume greater roles in prevention and primary care as motivated by the ACA
- ☐ 17. Poor individual health behaviors and resultant poor collective community health outcomes\
- ☐ 18. Stabilizing the HCHD/NCCHC medical staff
- ☐ 19. Increasing dental clientele with payor source
- ☐ 20. Learning new programs and how HCHD/NCCHC fits into the market
- ☐ 21. Linking people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable

Thanks for completing the survey.

Q1 Please read each of the issue areas below carefully and rate EACH issue on a scale of 1 to 10 with "1" being an issue of lowest importance to the Hernando County Health Department (HCHD) / Nature Coast Community Health Center (NCCHC) and "10" being an issue of highest importance. Please note that you are rating EACH of the following issues on a scale of 1-10 and not ranking them against each other.

Answered: 10 Skipped: 0



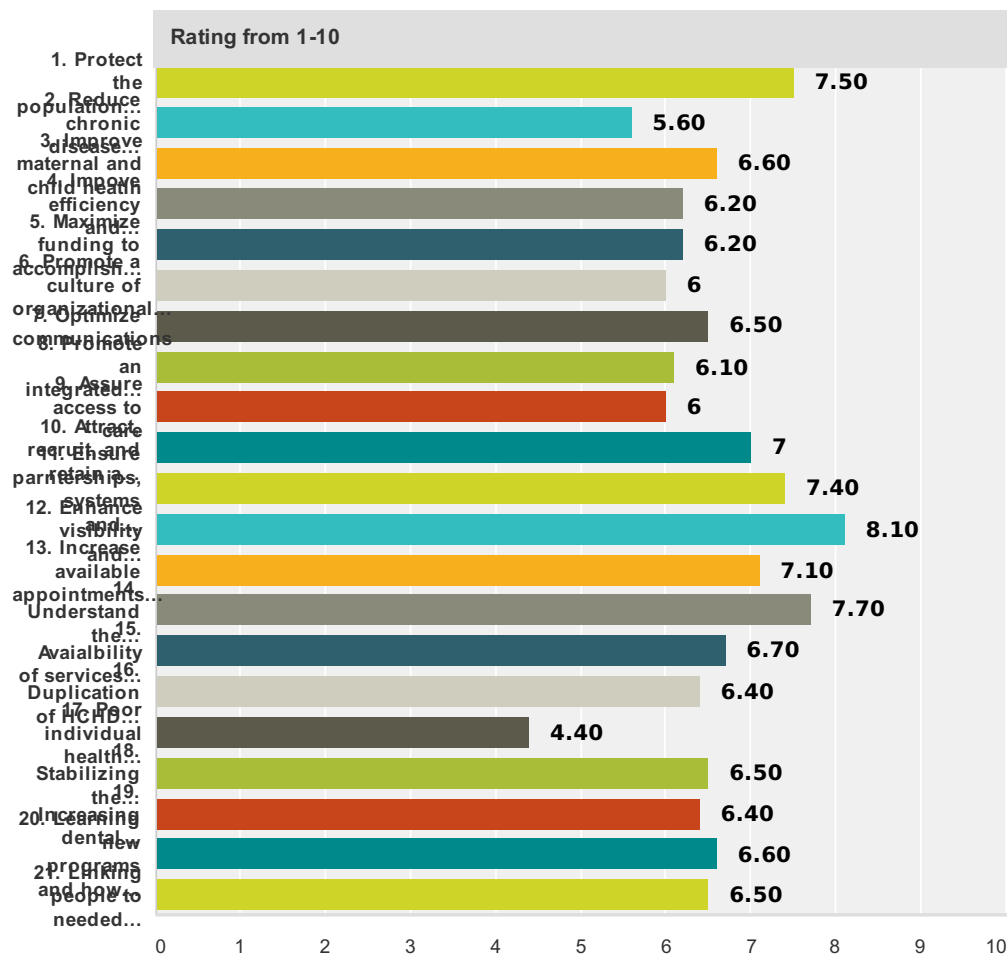
Rating from 1-10											
	1	2	3	4	5	6	7	8	9	10	Total
1. Protect the population from health threats	0% 0	0% 0	0% 0	10% 1	10% 1	10% 1	10% 1	10% 1	20% 2	30% 3	10
2. Reduce chronic disease morbidity and mortality	0% 0	0% 0	0% 0	10% 1	10% 1	0% 0	10% 1	20% 2	30% 3	20% 2	10
3. Improve maternal and child health	0% 0	0% 0	0% 0	0% 0	10% 1	0% 0	20% 2	10% 1	40% 4	20% 2	10
4. Improve efficiency and effectiveness of service delivery	0% 0	0% 0	0% 0	10% 1	0% 0	0% 0	10% 1	30% 3	10% 1	40% 4	10

Hernando County Health Department Strategic Planning Issues Survey

5. Maximize funding to accomplish public health mission	0% 0	10% 1	0% 0	0% 0	0% 0	0% 0	10% 1	10% 1	20% 2	50% 5	10
6. Promote a culture of organizational excellence	10% 1	0% 0	0% 0	0% 0	0% 0	10% 1	0% 0	0% 0	40% 4	40% 4	10
7. Optimize communications	10% 1	0% 0	0% 0	0% 0	0% 0	10% 1	10% 1	20% 2	20% 2	30% 3	10
8. Promote an integrated public health system	10% 1	0% 0	0% 0	0% 0	0% 0	20% 2	10% 1	10% 1	20% 2	30% 3	10
9. Assure access to care	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	20% 2	10% 1	30% 3	40% 4	10
10. Attract, recruit, and retain a competent, credentialed workforce	0% 0	0% 0	10% 1	0% 0	0% 0	0% 0	10% 1	10% 1	10% 1	60% 6	10
11. Ensure parnterships, systems and processes to support the future workforce	0% 0	10% 1	0% 0	0% 0	0% 0	0% 0	10% 1	10% 1	30% 3	40% 4	10
12. Enhance visibility and knowledge of services at the HCHD/NCCHC	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	30% 3	0% 0	20% 2	50% 5	10
13. Increase available appointments to HCHD/NCCHC new and existing clients	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	10% 1	40% 4	50% 5	10
14. Understand the implications and opportunities of the Affordable Care Act (ACA) for the HCHD/NCCHC and the community at-large	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	40% 4	30% 3	30% 3	10
15. Avaialbility of services is different at different sites	0% 0	0% 0	0% 0	0% 0	20% 2	30% 3	10% 1	20% 2	10% 1	10% 1	10
16. Duplication of HCHD services as other entitites assume greater roles in prevention and primary care as motivated by the ACA	0% 0	0% 0	0% 0	10% 1	10% 1	10% 1	30% 3	0% 0	10% 1	30% 3	10
17. Poor individual health behaviors and resultant poor collective community health outcomes\	0% 0	0% 0	0% 0	0% 0	10% 1	10% 1	30% 3	0% 0	40% 4	10% 1	10
18. Stabilizing the HCHD/NCCHC medical staff	0% 0	0% 0	10% 1	0% 0	10% 1	0% 0	0% 0	40% 4	20% 2	20% 2	10
19. Increasing dental clientele with payor source	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	20% 2	10% 1	40% 4	30% 3	10
20. Learning new programs and how HCHD/NCCHC fits into the market	0% 0	0% 0	0% 0	0% 0	10% 1	10% 1	10% 1	20% 2	30% 3	20% 2	10
21. Linking people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable	0% 0	10% 1	0% 0	0% 0	10% 1	10% 1	10% 1	20% 2	20% 2	20% 2	10

Q2 Please read each of the issue areas below carefully and rate EACH issue on a scale of 1 to 10 with "1" being an issue that you believe the Hernando County Health Department (HCHD) and the Nature Coast Community Health Center (NCCHC) has the least possibility of successfully addressing and "10" being an issue that the HCHD/NCCHC has the highest possibility of successfully addressing. Please note that you are rating EACH of the following issues on a scale of 1-10 and not ranking them against each other.

Answered: 10 Skipped: 0



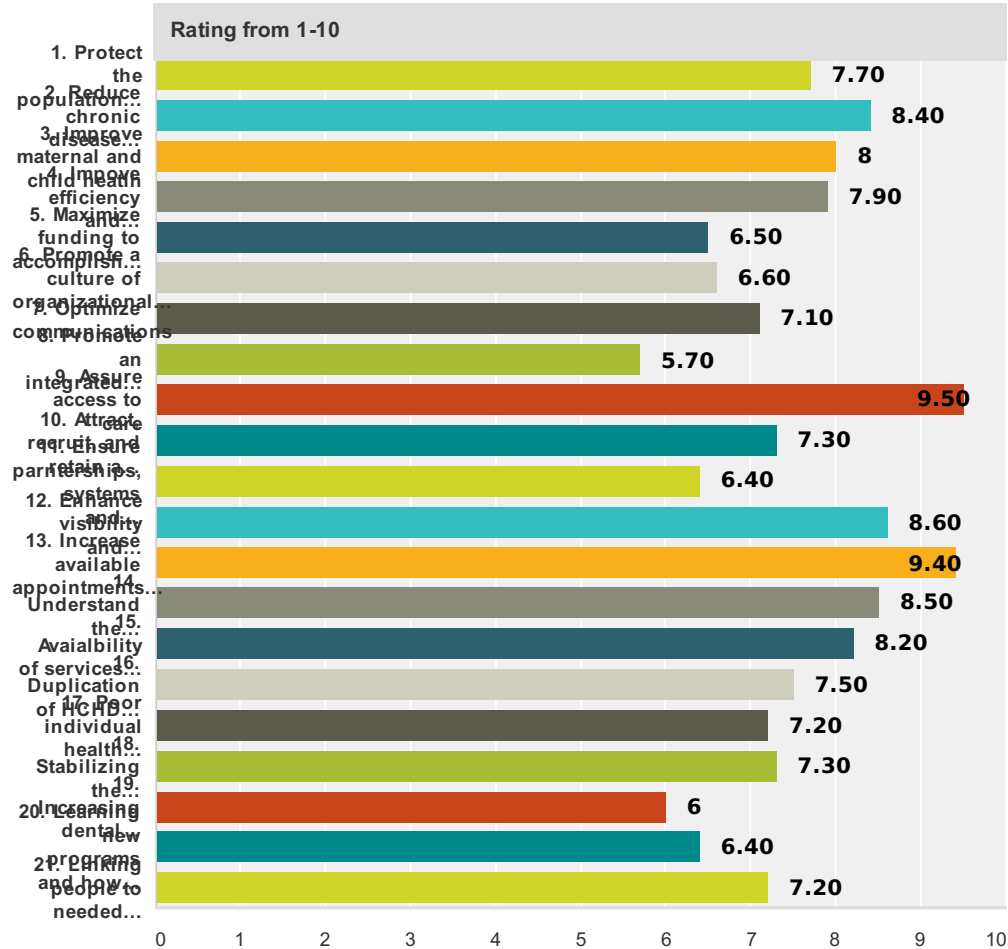
Rating from 1-10											
	1	2	3	4	5	6	7	8	9	10	Total
1. Protect the population from health threats	0% 0	0% 0	0% 0	0% 0	0% 0	30% 3	30% 3	10% 1	20% 2	10% 1	10
2. Reduce chronic disease morbidity and mortality	0% 0	0% 0	20% 2	10% 1	10% 1	30% 3	20% 2	0% 0	10% 1	0% 0	10
3. Improve maternal and child health	0% 0	0% 0	0% 0	10% 1	20% 2	10% 1	40% 4	10% 1	0% 0	10% 1	10

Hernando County Health Department Strategic Planning Issues Survey

4. Improve efficiency and effectiveness of service delivery	0% 0	0% 0	10% 1	20% 2	10% 1	10% 1	10% 1	30% 3	10% 1	0% 0	10
5. Maximize funding to accomplish public health mission	10% 1	10% 1	0% 0	10% 1	0% 0	20% 2	10% 1	10% 1	20% 2	10% 1	10
6. Promote a culture of organizational excellence	10% 1	0% 0	20% 2	0% 0	10% 1	20% 2	0% 0	20% 2	0% 0	20% 2	10
7. Optimize communications	10% 1	0% 0	0% 0	0% 0	10% 1	20% 2	10% 1	50% 5	0% 0	0% 0	10
8. Promote an integrated public health system	10% 1	0% 0	0% 0	10% 1	10% 1	20% 2	30% 3	10% 1	0% 0	10% 1	10
9. Assure access to care	0% 0	0% 0	20% 2	0% 0	30% 3	10% 1	10% 1	20% 2	0% 0	10% 1	10
10. Attract, recruit, and retain a competent, credentialed workforce	0% 0	10% 1	0% 0	0% 0	0% 0	10% 1	40% 4	30% 3	0% 0	10% 1	10
11. Ensure partnerships, systems and processes to support the future workforce	0% 0	10% 1	0% 0	0% 0	0% 0	0% 0	20% 2	50% 5	20% 2	0% 0	10
12. Enhance visibility and knowledge of services at the HCHD/NCCHC	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	30% 3	30% 3	40% 4	0% 0	10
13. Increase available appointments to HCHD/NCCHC new and existing clients	0% 0	0% 0	0% 0	10% 1	10% 1	20% 2	20% 2	10% 1	20% 2	10% 1	10
14. Understand the implications and opportunities of the Affordable Care Act (ACA) for the HCHD/NCCHC and the community at-large	0% 0	0% 0	0% 0	0% 0	10% 1	10% 1	30% 3	10% 1	30% 3	10% 1	10
15. Availability of services is different at different sites	0% 0	10% 1	10% 1	0% 0	20% 2	0% 0	10% 1	10% 1	30% 3	10% 1	10
16. Duplication of HCHD services as other entities assume greater roles in prevention and primary care as motivated by the ACA	0% 0	0% 0	0% 0	10% 1	20% 2	10% 1	40% 4	20% 2	0% 0	0% 0	10
17. Poor individual health behaviors and resultant poor collective community health outcomes\	0% 0	10% 1	30% 3	0% 0	40% 4	10% 1	10% 1	0% 0	0% 0	0% 0	10
18. Stabilizing the HCHD/NCCHC medical staff	0% 0	0% 0	10% 1	0% 0	30% 3	0% 0	30% 3	10% 1	20% 2	0% 0	10
19. Increasing dental clientele with payor source	0% 0	0% 0	0% 0	10% 1	40% 4	0% 0	10% 1	30% 3	10% 1	0% 0	10
20. Learning new programs and how HCHD/NCCHC fits into the market	0% 0	0% 0	0% 0	0% 0	40% 4	20% 2	0% 0	20% 2	20% 2	0% 0	10
21. Linking people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable	0% 0	0% 0	10% 1	0% 0	30% 3	10% 1	0% 0	40% 4	10% 1	0% 0	10

Q3 Please read each of the issue areas below carefully and rate EACH issue on a scale of 1 to 10 with "1" being an issue of lowest importance to the communities and residents of Hernando County and "10" being an issue of highest importance. Please note that you are rating EACH of the following issues on a scale of 1-10 and not ranking them against each other.

Answered: 10 Skipped: 0



Rating from 1-10											
	1	2	3	4	5	6	7	8	9	10	Total
1. Protect the population from health threats	0% 0	10% 1	0% 0	0% 0	10% 1	0% 0	10% 1	30% 3	10% 1	30% 3	10
2. Reduce chronic disease morbidity and mortality	0% 0	0% 0	10% 1	0% 0	0% 0	0% 0	10% 1	20% 2	20% 2	40% 4	10
3. Improve maternal and child health	0% 0	0% 0	0% 0	10% 1	0% 0	10% 1	10% 1	20% 2	30% 3	20% 2	10
4. Improve efficiency and effectiveness of service delivery	10% 1	0% 0	0% 0	0% 0	10% 1	0% 0	10% 1	10% 1	20% 2	40% 4	10
5. Maximize funding to accomplish public health mission	10% 1	0% 0	0% 0	10% 1	10% 1	20% 2	20% 2	0% 0	10% 1	20% 2	10

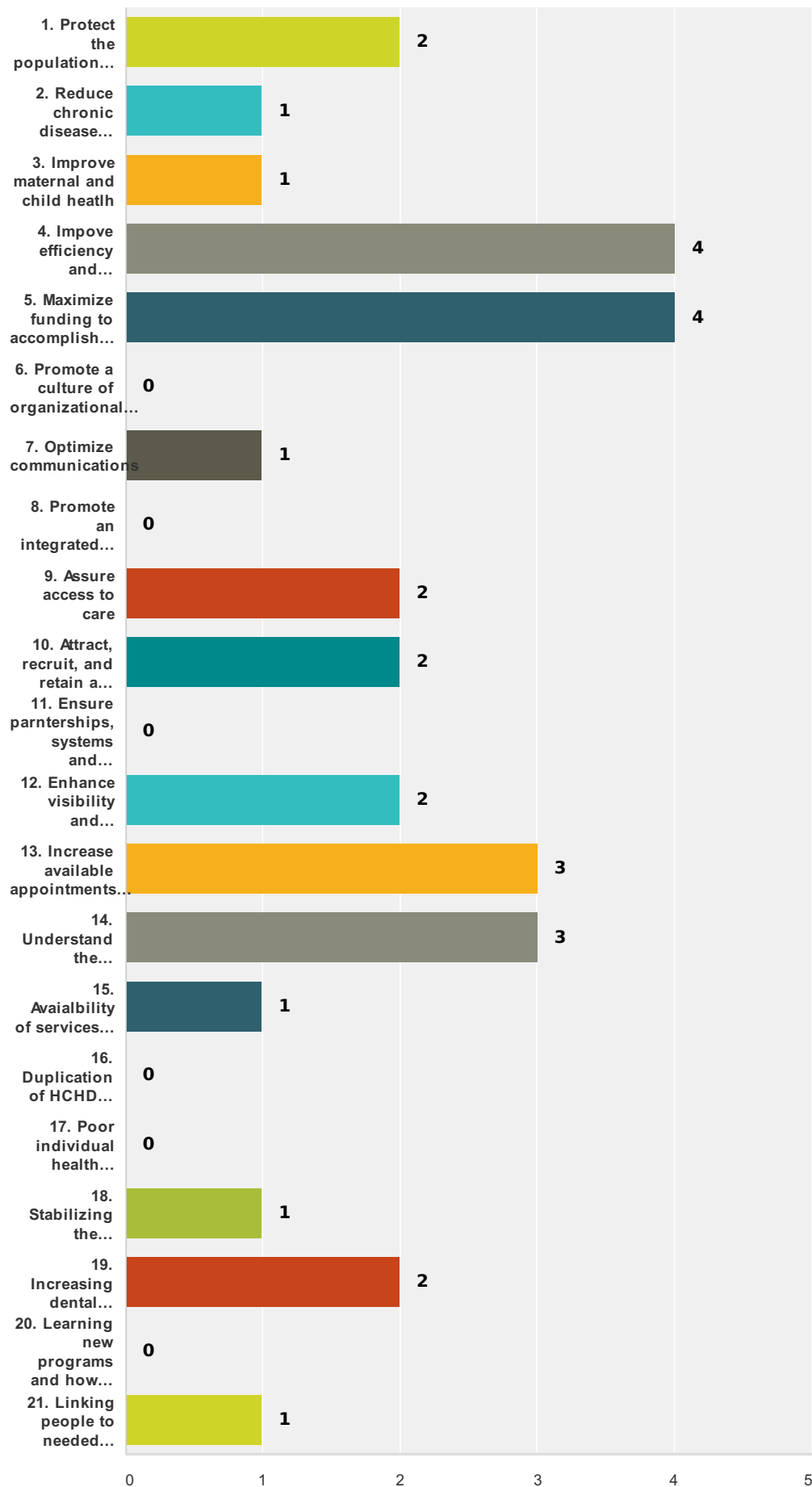
Hernando County Health Department Strategic Planning Issues Survey

6. Promote a culture of organizational excellence	10% 1	0% 0	0% 0	10% 1	10% 1	20% 2	10% 1	10% 1	10% 1	20% 2	10
7. Optimize communications	10% 1	0% 0	10% 1	0% 0	0% 0	10% 1	10% 1	20% 2	20% 2	20% 2	10
8. Promote an integrated public health system	20% 2	0% 0	0% 0	0% 0	20% 2	20% 2	20% 2	0% 0	10% 1	10% 1	10
9. Assure access to care	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	10% 1	10% 1	0% 0	80% 8	10
10. Attract, recruit, and retain a competent, credentialed workforce	10% 1	0% 0	0% 0	0% 0	10% 1	10% 1	10% 1	20% 2	20% 2	20% 2	10
11. Ensure parnterships, systems and processes to support the future workforce	10% 1	0% 0	10% 1	10% 1	0% 0	20% 2	10% 1	10% 1	10% 1	20% 2	10
12. Enhance visibility and knowledge of services at the HCHD/NCCHC	0% 0	0% 0	0% 0	0% 0	0% 0	10% 1	20% 2	20% 2	0% 0	50% 5	10
13. Increase available appointments to HCHD/NCCHC new and existing clients	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	20% 2	20% 2	60% 6	10
14. Understand the implications and opportunities of the Affordable Care Act (ACA) for the HCHD/NCCHC and the community at-large	0% 0	0% 0	0% 0	0% 0	0% 0	10% 1	20% 2	10% 1	30% 3	30% 3	10
15. Avaialbility of services is different at different sites	0% 0	0% 0	0% 0	0% 0	10% 1	10% 1	0% 0	30% 3	30% 3	20% 2	10
16. Duplication of HCHD services as other entitites assume greater roles in prevention and primary care as motivated by the ACA	0% 0	0% 0	0% 0	20% 2	10% 1	0% 0	20% 2	10% 1	0% 0	40% 4	10
17. Poor individual health behaviors and resultant poor collective community health outcomes\	0% 0	0% 0	10% 1	0% 0	0% 0	20% 2	30% 3	10% 1	20% 2	10% 1	10
18. Stabilizing the HCHD/NCCHC medical staff	10% 1	0% 0	0% 0	0% 0	0% 0	10% 1	20% 2	30% 3	20% 2	10% 1	10
19. Increasing dental clientele with payor source	10% 1	0% 0	0% 0	20% 2	20% 2	10% 1	0% 0	20% 2	10% 1	10% 1	10
20. Learning new programs and how HCHD/NCCHC fits into the market	0% 0	0% 0	0% 0	10% 1	40% 4	10% 1	20% 2	0% 0	0% 0	20% 2	10
21. Linking people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable	10% 1	0% 0	0% 0	0% 0	0% 0	30% 3	10% 1	10% 1	20% 2	20% 2	10

Q4 Please read each of the issue areas below carefully and choose the three (3) issues you feel are the THREE MOST IMPORTANT to the Hernando County Health Department (HCHD) and the Nature Coast Community Health Center (NCCHC). You must select exactly three (3).

Answered: 10 Skipped: 0

Hernando County Health Department Strategic Planning Issues Survey



Hernando County Health Department Strategic Planning Issues Survey

1. Protect the population from health threats	20%	2
2. Reduce chronic disease morbidity and mortality	10%	1
3. Improve maternal and child health	10%	1
4. Improve efficiency and effectiveness of service delivery	40%	4
5. Maximize funding to accomplish public health mission	40%	4
6. Promote a culture of organizational excellence	0%	0
7. Optimize communications	10%	1
8. Promote an integrated public health system	0%	0
9. Assure access to care	20%	2
10. Attract, recruit, and retain a competent, credentialed workforce	20%	2
11. Ensure partnerships, systems and processes to support the future workforce	0%	0
12. Enhance visibility and knowledge of services at the HCHD/NCCHC	20%	2
13. Increase available appointments to HCHD/NCCHC new and existing clients	30%	3
14. Understand the implications and opportunities of the Affordable Care Act (ACA) for the HCHD/NCCHC and the community at-large	30%	3
15. Availability of services is different at different sites	10%	1
16. Duplication of HCHD services as other entities assume greater roles in prevention and primary care as motivated by the ACA	0%	0
17. Poor individual health behaviors and resultant poor collective community health outcomes\	0%	0
18. Stabilizing the HCHD/NCCHC medical staff	10%	1
19. Increasing dental clientele with payor source	20%	2
20. Learning new programs and how HCHD/NCCHC fits into the market	0%	0
21. Linking people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable	10%	1
Total Respondents: 10		

Hernando County Strategic Planning Objectives Survey

*** 1. The Health Protection and Promotion Issue Group includes the following issue areas:**

- Protect the population from health threats**
- Reduce chronic disease morbidity and mortality**
- Improve maternal and child health**
- Poor individual health behaviors and resultant poor collective community health outcomes**

During our meeting on August 21, we identified thirteen (13) potential objective areas for this issue area, please select the three (3) potential objective areas that you feel are the most important for this issue area. You must select exactly three (3).

- ☐ 1. Reduce obesity in children
- ☐ 2. Reduce obesity in adults
- ☐ 3. Increase resident emergency preparedness
- ☐ 4. Reduce rate of low birthweight births
- ☐ 5. Increase early entry into prenatal care
- ☐ 6. Reduce substance abuse exposed newborns
- ☐ 7. Reduce rate of Baker Act initiations
- ☐ 8. Increase exposure to fluoridated water
- ☐ 9. Decrease tobacco use
- ☐ 10. Increase WIC participation rates
- ☐ 11. Decrease diabetes rates
- ☐ 12. Increase rates of physical activity
- ☐ 13. Reduce (bacterial) STD rates

Hernando County Strategic Planning Objectives Survey

***2. The Access to Care Issue Group includes the following issue areas:**

- Improve efficiency and effectiveness of service delivery**
- Assure access to care**
- Enhance visibility and knowledge of services at the HCHD/NCCHC**
- Increase available appointments to HCHD/NCCHC new and existing clients**
- Availability is different at different sites**
- Increasing dental clientele with payor source**

During our meeting on August 21, we identified six (6) potential objective areas for this issue area, please select the three (3) potential objective areas that you feel are the most important for this issue area. You must select exactly three (3).

- ☐ 1. Increase dental clients with payor source
- ☐ 2. Decrease wait time to become a client
- ☐ 3. Increase ratio of provider to clients
- ☐ 4. Decrease wait time (while receiving services)
- ☐ 5. Decrease no-show rates
- ☐ 6. Increase visibility of knowledge of services available at HCHD/NCCHC

Hernando County Strategic Planning Objectives Survey

***3. The Financial and Business Practices Issue Group includes the following issue areas:**

- Promote a culture of organizational excellence**
- Optimize internal communications**
- Attract, recruit and retain a competent, credentialed workforce**
- Ensure partnerships, systems and processes to support the future workforce**
- Stabilizing the HCHD/NCCHC medical staff**

During our meeting on August 21, we identified five (5) potential objective areas for this issue area, please select the three (3) potential objective areas that you feel are the most important for this issue area. You must select exactly three (3).

- ☐ 1. Seek accreditation and develop practices to ensure that we are continually meeting or exceeding accreditation standards in regular performance
- ☐ 2. Develop and promote leadership and professional development opportunities
- ☐ 3. Increase employee satisfaction across the six key dimensions within the employee satisfaction survey
- ☐ 4. Develop internal communication strategies and systems that promote efficiency and collaboration
- ☐ 5. Work with community partners to ensure and ample supply of potential public health workers are available

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Hernando County Strategic Planning Objectives Survey

***4. The Sustainability Issue Group includes the following issue areas:**

- Maximize funding to accomplish health mission**
- Promote an integrated public health system**

During our meeting on August 21, we identified seven (7) potential objective areas for this issue area, please select the three (3) potential objective areas that you feel are the most important for this issue area. You must select exactly three (3).

- ☐ 1. Increase number of appointment slots we have available for services
- ☐ 2. Increase visibility and understanding of services available so community will use the services more
- ☐ 3. Enhance the payor mix/increase the number of paying clients
- ☐ 4. Marketing plan
- ☐ 5. Enhance access to information on what grants are available
- ☐ 6. Maximize billing practice efficiency
- ☐ 7. Expansion of pilot projects like the HEDIS coding project with WellCare

***5. The Affordable Care Act Issue Group includes the following issue areas:**

- Understand the implications and opportunities of the Affordable Care Act (ACA) for the HCHD/NCCHC and the community at-large**
- Duplication of HCHD services as other entities assume greater roles in prevention and primary care as motivated by the ACA**
- Learning new programs and how HCHD/NCCHC fits into the market**

During our meeting on August 21, we identified four (4) potential objective areas for this issue area, please select the two (2) potential objective areas that you feel are the most important for this issue area. You must select exactly two (2).

- ☐ 1. Business planning to define the new competition and new markets spawned by ACA
- ☐ 2. Enhance internal understanding of our HCHD/NCCHC requirements/expectations under ACA (monitor and track these requirements and expectations)
- ☐ 3. Enhance community understanding of the ACA, its implications at the HCHD/NCCHC and for the local public health system as a whole
- ☐ 4. Monitor the impact of changes to the local public health system as spawned by ACA

Hernando County Strategic Planning Objectives Survey

***6. For this question, please refer to the last homework assignment (Key Issues and Potential Strategies) that you turned in by Wednesday, August 28. If you did not turn in this assignment, you can still answer the question.**

Please, in your own words, tell me the three most important strategies/activities that should be pursued in the Strategic Plan. Each response is limited to no more than 750 characters, including spaces.

Strategy/Activity 1

Strategy/Activity 2

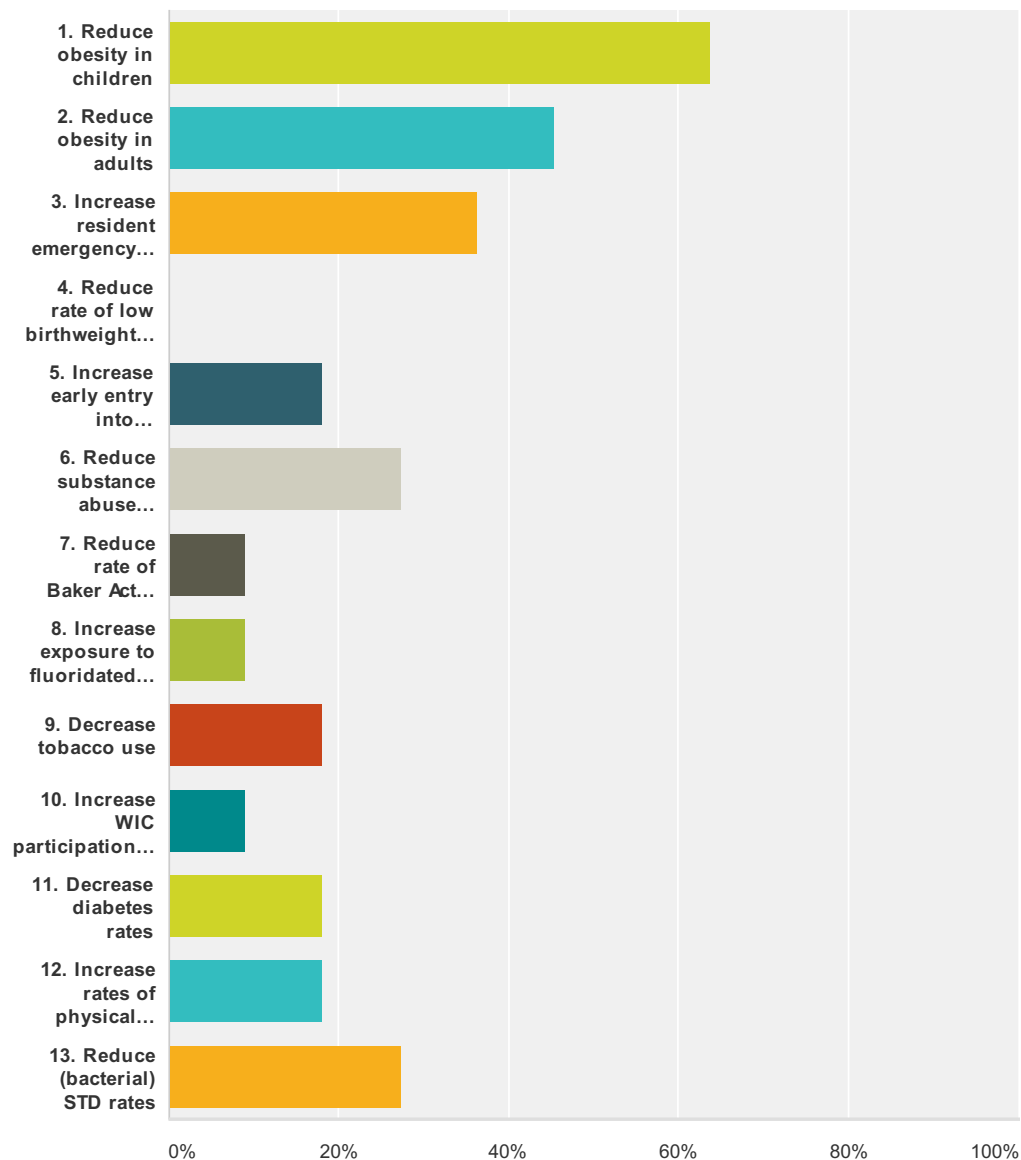
Strategy/Activity 3

Thanks for completing the survey.

Q1 The Health Protection and Promotion Issue Group includes the following issue areas: - Protect the population from health threats - Reduce chronic disease morbidity and mortality - Improve maternal and child health - Poor individual health behaviors and resultant poor collective community health outcomes

During our meeting on August 21, we identified thirteen (13) potential objective areas for this issue area, please select the three (3) potential objective areas that you feel are the most important for this issue area. You must select exactly three (3).

Answered: 11 Skipped: 0

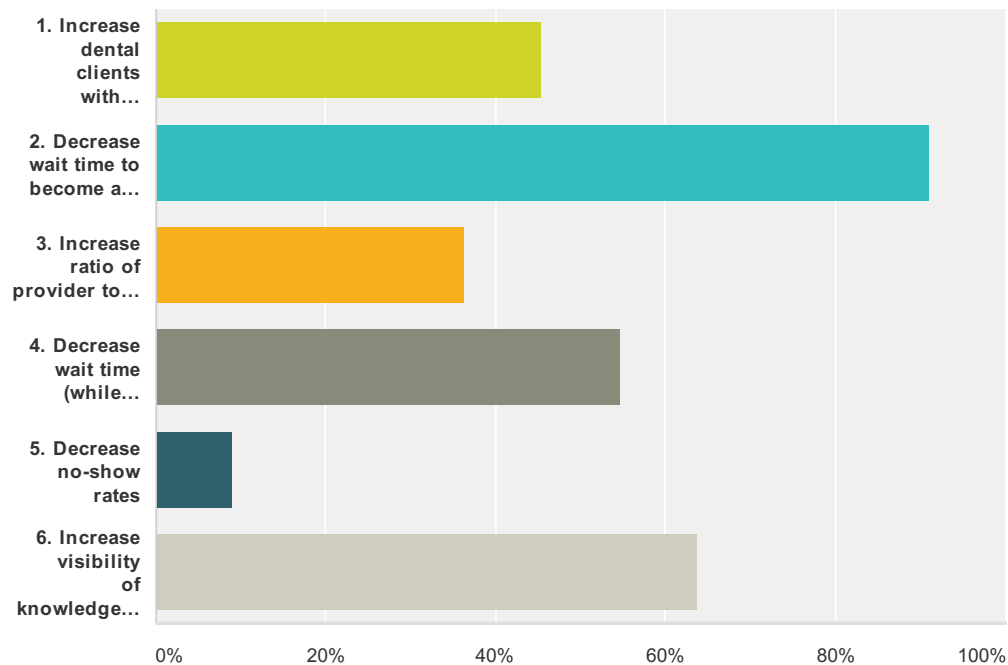


Hernando County Strategic Planning Objectives Survey

1. Reduce obesity in children	63.64%	7
2. Reduce obesity in adults	45.45%	5
3. Increase resident emergency preparedness	36.36%	4
4. Reduce rate of low birthweight births	0%	0
5. Increase early entry into prenatal care	18.18%	2
6. Reduce substance abuse exposed newborns	27.27%	3
7. Reduce rate of Baker Act initiations	9.09%	1
8. Increase exposure to fluoridated water	9.09%	1
9. Decrease tobacco use	18.18%	2
10. Increase WIC participation rates	9.09%	1
11. Decrease diabetes rates	18.18%	2
12. Increase rates of physical activity	18.18%	2
13. Reduce (bacterial) STD rates	27.27%	3
Total Respondents: 11		

Q2 The Access to Care Issue Group
includes the following issue areas: -
Improve efficiency and effectiveness of
service delivery - Assure access to care -
Enhance visibility and knowledge of
services at the HCHD/NCCHC - Increase
available appointments to HCHD/NCCHC
new and existing clients - Availability is
different at different sites - Increasing dental
clientele with payor source
During our meeting on August 21, we identified six (6)
potential objective areas for this issue area,
please select the three (3) potential objective
areas that you feel are the most important
for this issue area. You must select exactly
three (3).

Answered: 11 Skipped: 0

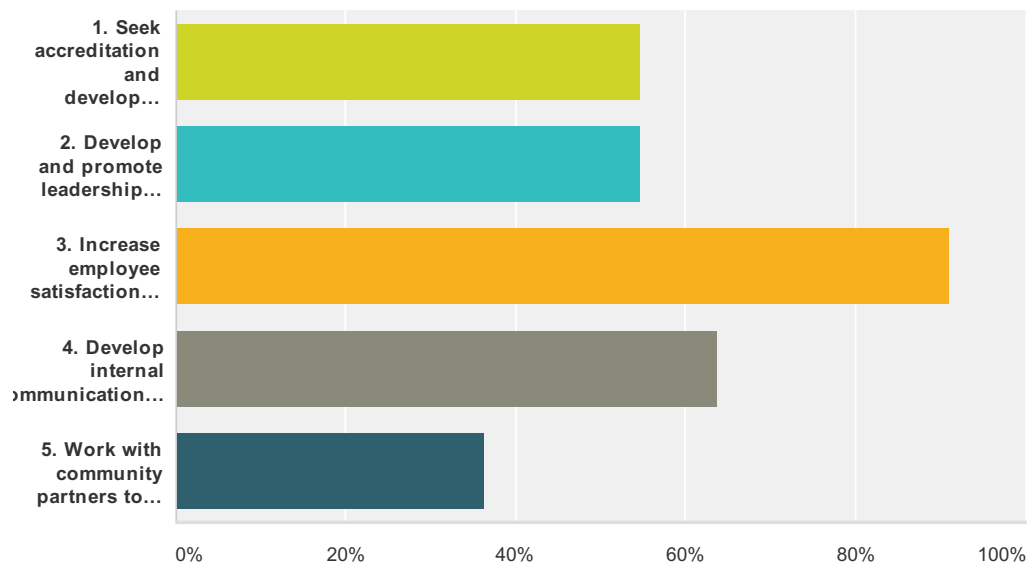


Answer Choices	Responses	
1. Increase dental clients with payor source	45.45%	5
2. Decrease wait time to become a client	90.91%	10
3. Increase ratio of provider to clients	36.36%	4
4. Decrease wait time (while receiving services)	54.55%	6
5. Decrease no-show rates	9.09%	1
6. Increase visibility of knowledge of services available at HCHD/NCCHC	63.64%	7
Total Respondents: 11		

Q3 The Financial and Business Practices Issue Group includes the following issue areas: - Promote a culture of organizational excellence - Optimize internal communications - Attract, recruit and retain a competent, credentialed workforce - Ensure partnerships, systems and processes to support the future workforce - Stabilizing the HCHD/NCCHC medical staff

During our meeting on August 21, we identified five (5) potential objective areas for this issue area, please select the three (3) potential objective areas that you feel are the most important for this issue area. You must select exactly three (3).

Answered: 11 Skipped: 0

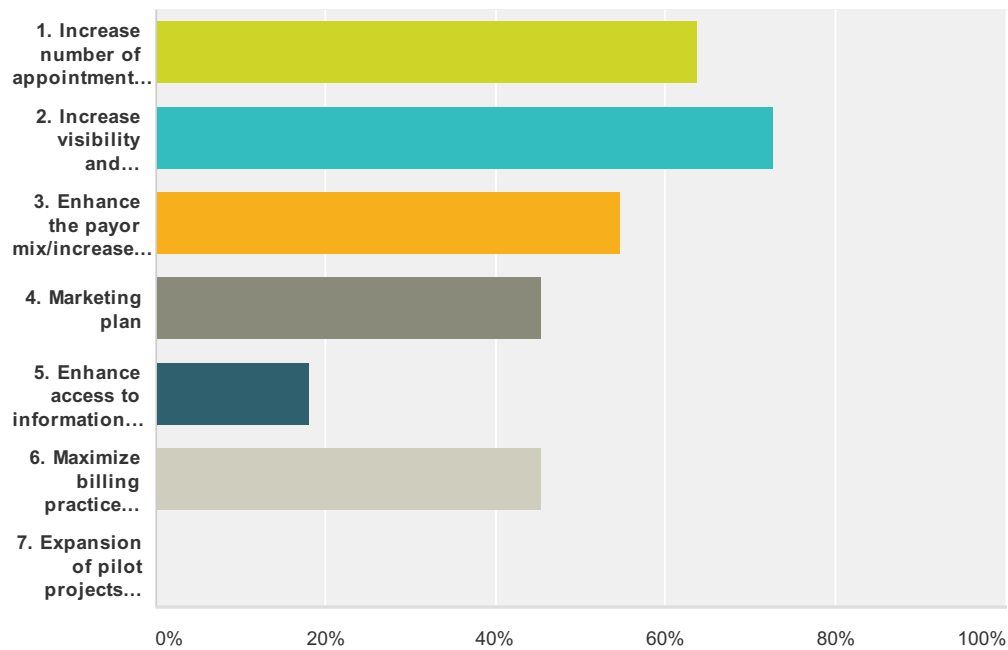


Answer Choices	Responses
1. Seek accreditation and develop practices to ensure that we are continually meeting or exceeding accreditation standards in regular performance	54.55% 6
2. Develop and promote leadership and professional development opportunities	54.55% 6
3. Increase employee satisfaction across the six key dimensions within the employee satisfaction survey	90.91% 10
4. Develop internal communication strategies and systems that promote efficiency and collaboration	63.64% 7
5. Work with community partners to ensure and ample supply of potential public health workers are available	36.36% 4
Total Respondents: 11	

Q4 The Sustainability Issue Group includes the following issue areas: - Maximize funding to accomplish health mission - Promote an integrated public health system

During our meeting on August 21, we identified seven (7) potential objective areas for this issue area, please select the three (3) potential objective areas that you feel are the most important for this issue area. You must select exactly three (3).

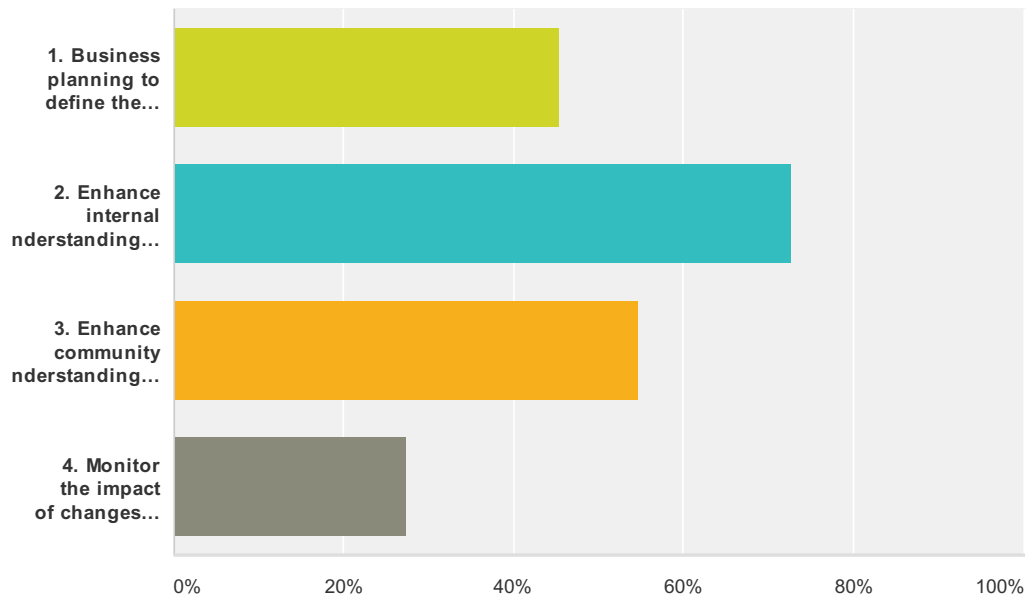
Answered: 11 Skipped: 0



Answer Choices	Responses	
1. Increase number of appointment slots we have available for services	63.64%	7
2. Increase visibility and understanding of services available so community will use the services more	72.73%	8
3. Enhance the payor mix/increase the number of paying clients	54.55%	6
4. Marketing plan	45.45%	5
5. Enhance access to information on what grants are available	18.18%	2
6. Maximize billing practice efficiency	45.45%	5
7. Expansion of pilot projects like the HEDIS coding project with WellCare	0%	0
Total Respondents: 11		

Q5 The Affordable Care Act Issue Group
includes the following issue areas: -
Understand the implications and
opportunities of the Affordable Care Act
(ACA) for the HCHD/NCCHC and the
community at-large - Duplication of HCHD
services as other entities assume greater
roles in prevention and primary care as
motivated by the ACA - Learning new
programs and how HCHD/NCCHC fits into
the market During our meeting on August
21, we identified four (4) potential objective
areas for this issue area, please select the
two (2) potential objective areas that you
feel are the most important for this issue
area. You must select exactly two (2).

Answered: 11 Skipped: 0



Answer Choices	Responses	
1. Business planning to define the new competition and new markets spawned by ACA	45.45%	5
2. Enhance internal understanding of our HCHD/NCCHC requirements/expectations under ACA (monitor and track these requirements and expectations)	72.73%	8
3. Enhance community understanding of the ACA, its implications at the HCHD/NCCHC and for the local public health system as a whole	54.55%	6
4. Monitor the impact of changes to the local public health system as spawned by ACA	27.27%	3
Total Respondents: 11		

Q6 For this question, please refer to the last homework assignment (Key Issues and Potential Strategies) that you turned in by Wednesday, August 28. If you did not turn in this assignment, you can still answer the question. Please, in your own words, tell me the three most important strategies/activities that should be pursued in the Strategic Plan. Each response is limited to no more than 750 characters, including spaces.

Answered: 11 Skipped: 0

Answer Choices	Responses
Strategy/Activity 1	100% 11
Strategy/Activity 2	100% 11
Strategy/Activity 3	100% 11
Total Respondents: 11	

#	Strategy/Activity 1	Date
1	employ social workers to assist clients with myriad of issues they face that impact their medical wellbeing. This would free up some of the physician/ARNP face time with clients	9/3/2013 11:03 AM
2	Responded	9/3/2013 10:46 AM
3	Enhance visibility . We need to get out into the community and market the services we have here. There are many people in our community who are unsure of what we do here.	9/3/2013 8:29 AM
4	Start an RN wellness clinic at the DOH that addresses obesity rates, diabetes care, std followup for safe sex practices, and med refills. Nurse can provide community educational initiatives that address obesity in all populations, healthy eating/healthy lifestyle, and increasing physical activity . Also, target teen population in H.S. to educate about prescription drugs to help reduce rates of infants born addicted.	8/30/2013 3:59 PM
5	Reduce obesity in children by developing a advertising campaign to counteract the marketing of high fat foods	8/30/2013 10:58 AM
6	Streamline the procedures to maximize efficiency regarding wait time. This includes the wait time for existing clients whether it be wait time at the front desk or wait time for the clinic. Also, decrease wait time to become client	8/30/2013 10:39 AM
7	One of the biggest issues I hear from clients is the amount of time it takes to get in for an appointment. It's imperative that clients are able to be seen in a timely manner. No one likes to wait long periods when they are sick.	8/30/2013 8:49 AM
8	Meet with community partners to share what we do and how we do it, so when they refer a potential client to us the expectations are realistic. Share and divide services with community partners.	8/29/2013 4:22 PM
9	Use CAC workers to inform clients of CHD dental & medical services	8/29/2013 3:56 PM
10	Sooner appointment availability	8/29/2013 3:52 PM
11	See More Clients in all programs	8/29/2013 3:25 PM
#	Strategy/Activity 2	Date
1	charge clients for missed appointments (that do not get cancelled prior to)	9/3/2013 11:03 AM
2	Responded	9/3/2013 10:46 AM
3	Increase employee satisfaction. I think if we can acheive this, it will help with marketing our services.	9/3/2013 8:29 AM
4	Offer teambuilding activities that target employee satisfaction, employee health, and employee professional development.	8/30/2013 3:59 PM
5	market the services provided by the HCHD by the use of multiple media outlets	8/30/2013 10:58 AM
6	Increase morale- employee satisfaction. Communicating more with all employees to build trust by allowing employees buy in to key issues.	8/30/2013 10:39 AM

Hernando County Strategic Planning Objectives Survey

7	Increase awareness in the community of the services provided by the HCHD.	8/30/2013 8:49 AM
8	Streamline double and triple entry on forms, hot keys, or other areas with in a clinic visit. Each entry will and should have a home or location and the documentation lives with in that area.	8/29/2013 4:22 PM
9	Develop a HCHD/NCCHC marketing campaign	8/29/2013 3:56 PM
10	More advertising for services	8/29/2013 3:52 PM
11	Increase revenue through billing and billable services	8/29/2013 3:25 PM
#	Strategy/Activity 3	Date
1	mandatory training with post test regarding basic ACA information	9/3/2013 11:03 AM
2	Responded	9/3/2013 10:46 AM
3	Understanding the ACA, and how it relates to us. I am sure all of our staff have the same questions and concerns.	9/3/2013 8:29 AM
4	Enable grassroots marketing campaign utilizing students (h.s. and college) to get the word out on Public Health. In alignment with the "This is Public Health" initiative. Encourage community involvement with the health department by creating the opportunity of having more outreach/grassroots promotions.	8/30/2013 3:59 PM
5	Reduce obesity in children and adults by promotion of a vegan (strictly plant-based) diet.	8/30/2013 10:58 AM
6	Increase knowledge to both community and employees regarding services offered. However, this step should not be taken until issues such as the wait time have been resolved.	8/30/2013 10:39 AM
7	Give staff opportunities for promotions and awards, creating a feeling of pride and honor while working at the HCHD	8/30/2013 8:49 AM
8	Have available additional walk in time slots if even an extra clinic name that is only managed on a face to face basis, while keeping the normal clinic flow the time slots can be built around a typical session. Giving the flexibility to even use it as a Triage for sick if there are no STD walk ins or other urgent Family Planning services.	8/29/2013 4:22 PM
9	Encourage all supervisors to create meaningful staff developments plans that incorporate professional	8/29/2013 3:56 PM
10	Less wait time	8/29/2013 3:52 PM
11	Increase access to and utilization of mental health care across the county	8/29/2013 3:25 PM